

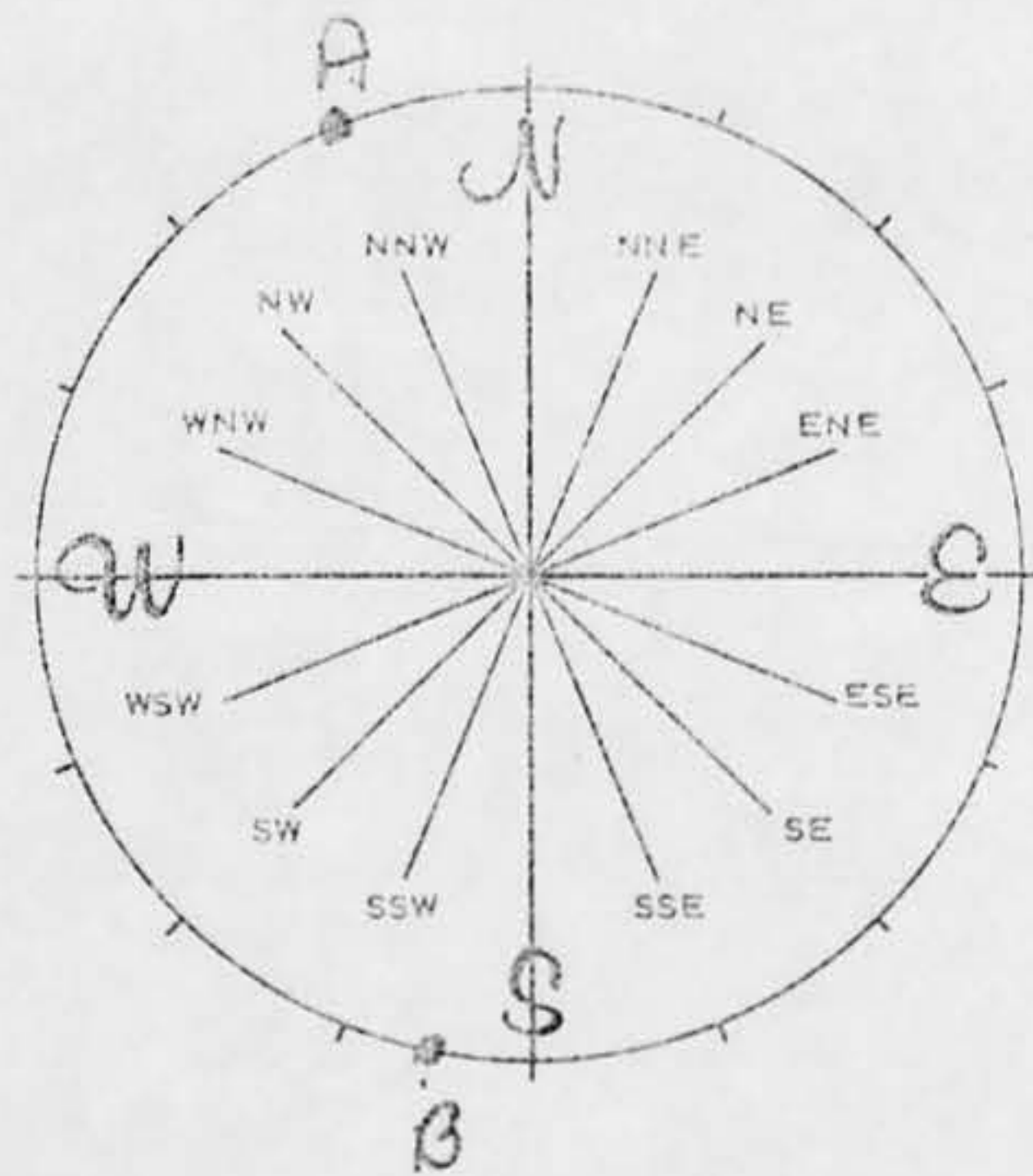
## PROJECT 10073 RECORD

|  |  |
|--|--|
| 1. DATE - TIME GROUP<br>Jul & Aug 68   | 2. LOCATION<br>Brooklyn, New York (Multiple)   |
| 3. SOURCE<br>Civilians   | 10. CONCLUSION<br>Other (UNRELIABLE REPORTS)   |
| 4. NUMBER OF OBJECTS<br>See Case   |  |
| 5. LENGTH OF OBSERVATION<br>SEE Case   | 11. BRIEF SUMMARY AND ANALYSIS<br>Consists of numerous reports by a group of youngsters who were apparently trying to see how many collect calls the Air Force would accept. |
| 6. TYPE OF OBSERVATION<br>Ground-Visual  |  |
| 7. COURSE<br>See Case  |  |
| 8. PHOTOS<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            |  |
| 9. PHYSICAL EVIDENCE<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |

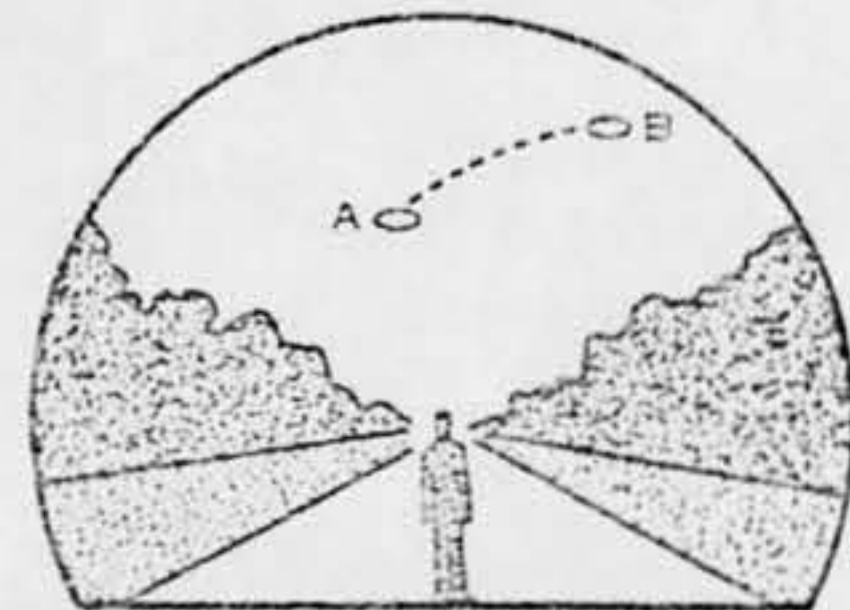
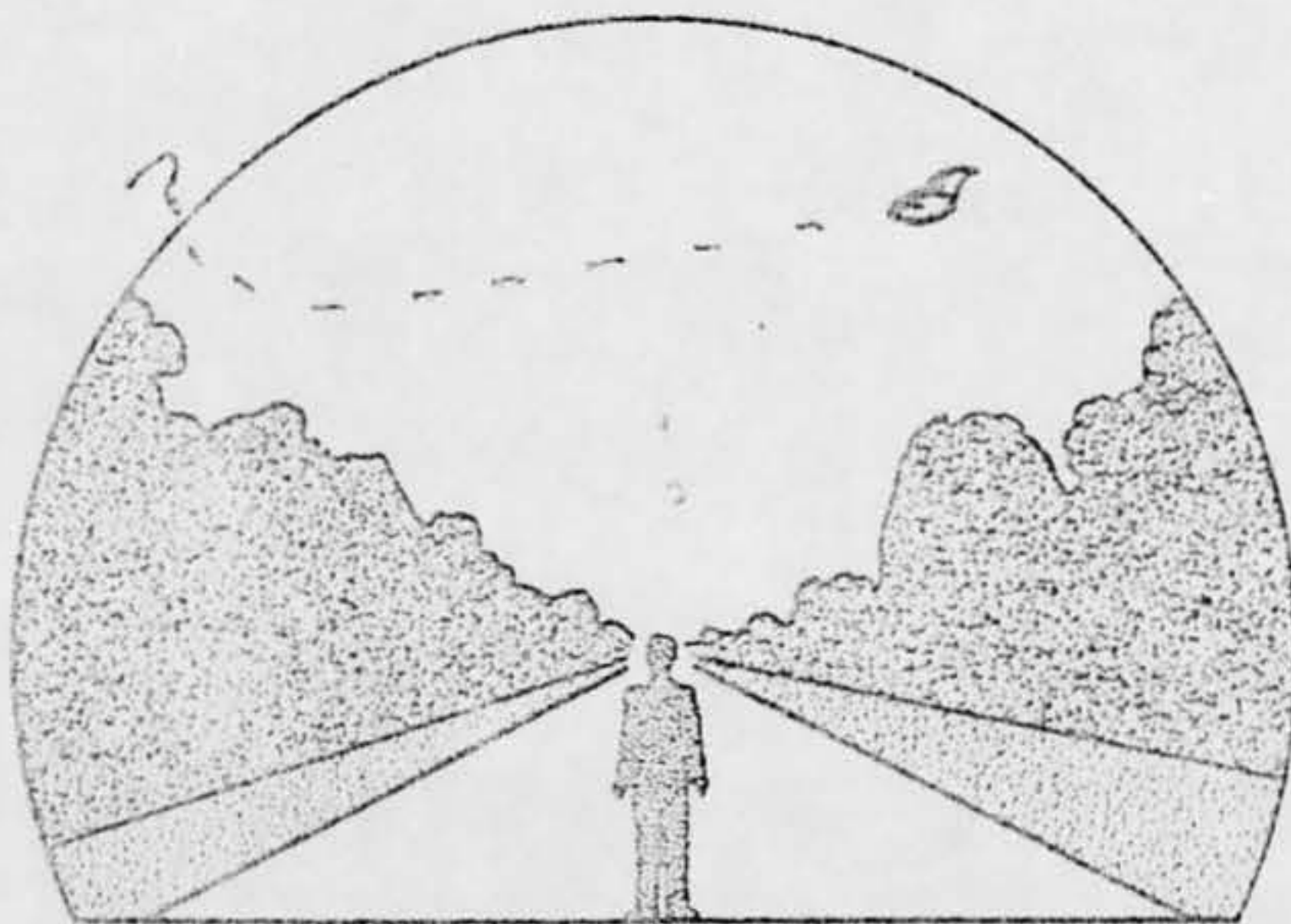
FORM  
FTD SEP 63 0-329 (TDE) Previous editions of this form may be used.



7. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





| 2. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)   |   |  |   |
|--|---|--|---|
| <input checked="" type="checkbox"/> OUTDOORS   |   |  | <input checked="" type="checkbox"/> IN BUSINESS SECTION OF CITY |
| <input type="checkbox"/> IN BUILDING   |   |  | <input type="checkbox"/> IN RESIDENTIAL SECTION OF CITY         |
| <input type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER   |   |  | <input type="checkbox"/> IN OPEN COUNTRYSIDE                    |
| <input type="checkbox"/> IN BOAT   |   |  | <input type="checkbox"/> NEAR AIRFIELD                          |
| <input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER   |   |  | <input type="checkbox"/> FLYING OVER CITY                       |
| <input type="checkbox"/> OTHER   |   |  | <input type="checkbox"/> FLYING OVER OPEN COUNTRY               |
|  |   |  | <input type="checkbox"/> OTHER                                  |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:   |   |  |   |
| WHAT DIRECTION WERE YOU MOVING?  |   | HOW FAST WERE YOU MOVING?  |   |
| <input type="checkbox"/> NORTH   | <input type="checkbox"/> EAST                       | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |   |
| <input type="checkbox"/> SOUTH   | <input type="checkbox"/> WEST                       |  |   |
| <input type="checkbox"/> NORTHEAST   | <input type="checkbox"/> SOUTHEAST                  |  |   |
| <input type="checkbox"/> NORTHWEST   | <input type="checkbox"/> SOUTHWEST                  |  |   |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.  |   |  |   |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.   |   |  |   |
| HOW MUCH OTHER TRAFFIC WAS THERE?  |   |  |   |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.                                  |   |  |   |
| 3. HOW LONG WAS THE PHENOMENON IN SIGHT?   |   |  |   |
| LENGTH OF TIME   | <input checked="" type="checkbox"/> CERTAIN OF TIME | <input type="checkbox"/> NOT VERY SURE   |   |
| ABOUT 10 MIN.  | <input type="checkbox"/> FAIRLY CERTAIN             | <input type="checkbox"/> JUST A GUESS  |   |
| HOW WAS TIME DETERMINED?<br>By a store window clock  |   |  |   |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. |   |  |   |
|  |   |  |   |



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

No THE ARRANGEMENT DIDN'T CHANGE

11. CONDITIONS (Check appropriate blocks.)

| A. SKY                                       |  | B. WEATHER   |   |
|--|--|--|---|
| <input type="checkbox"/> DAY                 |  | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)                 | <input type="checkbox"/> FOG OR MIST                  |
| <input type="checkbox"/> TWILIGHT            |  | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone) | <input type="checkbox"/> HEAVY RAIN                   |
| <input checked="" type="checkbox"/> NIGHT    |  | <input type="checkbox"/> NIMBUS CLOUDS (Rain)                        | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE        |
| <input checked="" type="checkbox"/> CLEAR    |  | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)         | <input type="checkbox"/> HAIL                         |
| <input type="checkbox"/> PARTLY CLOUDY       |  |  | <input type="checkbox"/> SNOW OR SLEET                |
| <input type="checkbox"/> COMPLETELY OVERCAST |  |  | <input type="checkbox"/> UNKNOWN                      |
|  |  | <input type="checkbox"/> HAZE OR SMOG                                | <input checked="" type="checkbox"/> NONE OF THE ABOVE |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS                                 | (2) MOON   |
|---|--|
| <input type="checkbox"/> NONE             | <input type="checkbox"/> BRIGHT MOONLIGHT          |
| <input checked="" type="checkbox"/> A FEW | <input checked="" type="checkbox"/> MOON WITH HALO |
| <input type="checkbox"/> MANY             | <input type="checkbox"/> MOON HIDDEN BY CLOUDS     |
| <input type="checkbox"/> UNKNOWN          | <input type="checkbox"/> PARTIAL (New or quarter)  |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

|  |  |   |
|--|--|---|
| <input type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU  | <input type="checkbox"/> TO YOUR LEFT  | <input type="checkbox"/> UNKNOWN              |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

Street lamps

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

APPEARED light

Self Luminous Red + white

Solid

Sharp

Shape Unknown

None



| 13. DID THE PHENOMENON          | YES                                 | NO                                  | UNKNOWN                             |
|---------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| MOVE IN A STRAIGHT LINE?        |                                     | <input checked="" type="checkbox"/> |                                     |
| STAND STILL AT ANYTIME?         | <input checked="" type="checkbox"/> |                                     |                                     |
| SUDDENLY SPEED UP AND RUN AWAY? | <input checked="" type="checkbox"/> |                                     |                                     |
| BREAK UP IN PARTS AND EXPLODE?  |                                     | <input checked="" type="checkbox"/> |                                     |
| CHANGE COLOR?                   | <input checked="" type="checkbox"/> |                                     |                                     |
| GIVE OFF SMOKE?                 | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> |
| CHANGE BRIGHTNESS?              |                                     | <input checked="" type="checkbox"/> |                                     |
| CHANGE SHAPE?                   |                                     | <input checked="" type="checkbox"/> |                                     |
| FLASH OR FLICKER?               | <input checked="" type="checkbox"/> |                                     |                                     |
| DISAPPEAR AND REAPPEAR?         | <input checked="" type="checkbox"/> |                                     |                                     |
| SPIN LIKE A TOP?                |                                     | <input checked="" type="checkbox"/> |                                     |
| MAKE A NOISE?                   |                                     | <input checked="" type="checkbox"/> |                                     |
| FLUTTER OR WOBBLE?              |                                     | <input checked="" type="checkbox"/> |                                     |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

Looking in the sky for a UFO we have seen previously

A. HOW DID IT FINALLY DISAPPEAR?

It look like it was rising and it faded out

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?

☐ YES ☒ NO. IF "YES," DESCRIBE.



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

Little Bigger than an airplane



|  |  |
|--|--|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.   |  |
| EYEGLASSES   | <input checked="" type="checkbox"/> CAMERA VIEWER  |
| SUNGLASSES   | <input checked="" type="checkbox"/> BINOCULARS   |
| WINDSHIELD   | TELESCOPE  |
| SIDE WINDOW OF VEHICLE   | THEODOLITE   |
| WINDOWPANE   | OTHER  |
| A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |
| B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |
| 18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>2</u>   | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>2</u> |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW. |  |
| No   |  |
| 21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.  |  |
| A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.  |  |



22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☒ YES ☐ NO. IF "YES," GIVE DATE AND LOCATION.

Sept. 4, 1967

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?  
☒ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES

[REDACTED] 46 ST  
[REDACTED] 46 ST  
[REDACTED] 46 ST  
[REDACTED] 46 ST  
[REDACTED] 46 ST

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

[REDACTED] Brooklyn N.Y. 11220

T. [REDACTED]

AGE

15

☒ MALE

☐ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME Police DAY 30 MONTH July YEAR 1968

25. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 7 MONTH Aug YEAR 1968



27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE,  
ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.




Photo

23 Jul 68

TDPT (UFO) Lt Col Quintanilla/70916/mhs/2 Aug 68

UFO Observation & Photographs, 25 July 1968

5 AUG 1968

  
New York, New York 10020

1. Reference your recent correspondence in which you reported your unidentified observation of 25 July 1968 and subsequent photographs. Additional information on your sighting and your original negatives are needed to perform a scientific investigation. Request you complete the attached photographic data sheet and AF Form 117 and return them with your original negatives. Upon completion of analysis we will return your negatives along with our findings.

2. Thank you for reporting your observation to the Air Force.

LECTOR QUINTANILLA, Jr, Lt Colonel, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

2 Atch

1. AF Form 117 w/envelope
2. Photo Data Sheet

TDPT (UFO) OFFICIAL FILE CY







# OFFICIAL U.S. AIR FORCE

Page 1

## U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

|  |  |
|--|--|
| <p>1. When did you see the object?</p> <p style="text-align: center;"> <span style="margin-right: 20px;"><u>25</u><br/>Day</span> <span style="margin-right: 20px;"><u>7</u><br/>Month</span> <span><u>1968</u><br/>Year</span> </p>   | <p>2. Time of day: <u>9:10</u> <del>9:45</del></p> <p style="text-align: center;">Hours      Minutes</p> <p>(Circle One):      A.M.      or      <u>P.M.</u></p> |
| <p>3. Time Zone:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>(Circle One):</p> <ul style="list-style-type: none"> <li>a. Eastern</li> <li>b. Central</li> <li>c. Mountain</li> <li>d. Pacific</li> <li>e. Other _____</li> </ul> </div> <div style="width: 45%;"> <p>(Circle One):</p> <ul style="list-style-type: none"> <li>a. Daylight Saving</li> <li>b. Standard</li> </ul> </div> </div>   |  |
| <p>4. Where <del>_____</del> saw the object?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%; text-align: center;"> <p><u>Brooklyn</u></p> <p>City or Town</p> </div> <div style="width: 40%; text-align: center;"> <p><u>NEW YORK</u></p> <p>State or County</p> </div> </div>  |  |
| <p>5. How long was object in sight? (Total Duration)</p> <p style="text-align: center;"><u>objects</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>(a. Certain)</p> <p>b. Fairly certain</p> </div> <div style="width: 40%;"> <p>c. Not very sure</p> <p>d. Just a guess</p> </div> </div> <p>5.1 How was time in sight determined? _____</p> <p>5.2 Was object in sight continuously?      Yes _____      No <u>✓</u></p>                                   |  |
| <p>6. What was the condition of the sky?</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>DAY</p> <ul style="list-style-type: none"> <li>a. Bright</li> <li>b. Cloudy</li> </ul> </div> <div style="text-align: center;"> <p>NIGHT</p> <ul style="list-style-type: none"> <li>a. Bright</li> <li>b. <u>Cloudy</u></li> </ul> </div> </div>   |  |
| <p>7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>(Circle One):</p> <ul style="list-style-type: none"> <li>a. In front of you</li> <li>b. In back of you</li> <li>c. To your right</li> </ul> </div> <div style="width: 45%;"> <ul style="list-style-type: none"> <li>d. To your left</li> <li>e. Overhead</li> <li>f. Don't remember</li> </ul> </div> </div> |  |

8. IF you saw

8.1. STAY

9. What were

CLOUDS

a. Clear

b. Hazy

c. Stratocumulus

d. Thick

10. The object

a. Solid

b. Translucent

c. Vapor

11. If it appeared

a. Colorful

b. Colorless

11.1. Compared

12. The edges

(Circle One)

13. Did the object

a. Appear

b. Sudden

c. Break up

d. Give off

e. Change

f. Change

g. Radiate

h. Disappear



|  |   |  |  |
|--|---|--|--|
| B. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)   |   |  |  |
| <input checked="" type="checkbox"/> OUTDOORS   |   |  | IN BUSINESS SECTION OF CITY  |
| IN BUILDING  |   |  | <input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY |
| IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER  |   |  | IN OPEN COUNTRYSIDE  |
| IN BOAT  |   |  | NEAR AIRFIELD  |
| IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER  |   |  | FLYING OVER CITY   |
| OTHER  |   |  | FLYING OVER OPEN COUNTRY   |
|  |   | OTHER  |  |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:   |   |  |  |
| WHAT DIRECTION WERE YOU MOVING?  |   | HOW FAST WERE YOU MOVING?  |  |
| NORTH  | EAST  | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| SOUTH  | WEST  |  |  |
| NORTHEAST  | SOUTHEAST   |  |  |
| NORTHWEST  | SOUTHWEST   |  |  |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.  |   |  |  |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.   |   |  |  |
| HOW MUCH OTHER TRAFFIC WAS THERE?  |   |  |  |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.                                  |   |  |  |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT?   |   |  |  |
| LENGTH OF TIME   | <input checked="" type="checkbox"/> CERTAIN OF TIME | <input type="checkbox"/> NOT VERY SURE   |  |
| APPROXIMATELY 5 TO 10 MIN.   | <input type="checkbox"/> FAIRLY CERTAIN             | <input type="checkbox"/> JUST A GUESS  |  |
| HOW WAS TIME DETERMINED?<br>STORE WINDOW CLOCK   |   |  |  |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. |   |  |  |
| <p style="text-align: center;">- - - - - A</p> <p style="text-align: center;">- - - - - A STOPPED</p> <p style="text-align: center;">- - - - - A STOPPED</p> <p style="text-align: center;">- - - - - A STOPPED</p>  |   |  |  |



# form continued

Page 4

think you can estimate the speed of the object?

(Circle One)

☒ Yes

No

answered YES, then what speed would you estimate?

ABOUT AS FAST AS AN AIRPLANE

think you can estimate how far away from you the object was?

(Circle One)

☒ Yes

No

answered YES, then how far away would you say it was?

HIGHER THAN ANY CLOUDS

were you located when you saw the object?

(Circle One):

near a building

near

road

near airplane (type)

on

at

23. Were you (Circle One)

a. In the business section of a city?

☒ b. In the residential section of a city?

c. In open countryside?

d. Near an airfield?

e. Flying over a city?

f. Flying over open country?

g. Other

were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

What direction were you moving? (Circle One)

a. North

c. East

e. South

g. West

b. Northeast

d. Southeast

f. Southwest

h. Northwest

How fast were you moving? \_\_\_\_\_ miles per hour.

Did you stop at any time while you were looking at the object?

(Circle One)

Yes

No

Did you observe the object through any of the following?

glasses

Yes

No

☒ e. Binoculars

Yes

No

telescope

Yes

No

f. Telescope

Yes

No

windshield

Yes

No

g. Theodolite

Yes

No

window glass

Yes

No

h. Other

CAMERA

(MOVIE FLASH)

What that you can give as clear a picture as possible of what you saw, describe in your own words a common object or object which, when placed up in the sky, would give the same appearance as the object which you saw.

times THE SIZE OF AN AIRPLANE

FTD OCT 62 164 FORM

7. If you saw the object (Circle One):

6. What was the color of the object?

5.2 Was object visible?

5.1 How was the object seen?

5. How long was the object visible?

4. Where were you located?

3. Time Zone:

Day

1. When did you see the object?

Inform Please be use conclus that if

OF



## Official U.S. Air Force UFO

Page 3

14. Did the object disappear while you were watching it? If so, how?

It seemed to disappear just vanished  
AND either suddenly reappear in a  
different place

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): ☒ Yes ☐ No ☐ Don't know. IF you answered YES, then tell whatit moved behind: IT MOVED BEHIND A CLOUD

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One): ☐ Yes ☒ No ☐ Don't know. IF you answered YES, then tell what

in front of: \_\_\_\_\_

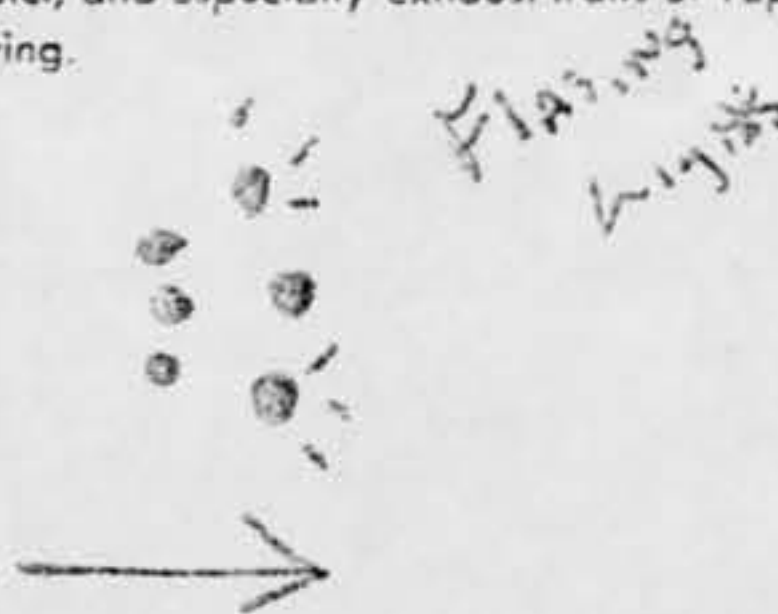
17. Tell in a few words the following things about the object:

a. Sound No Soundb. Color Six lights White

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

ABOUT  $\frac{1}{4}$  of it would be covered

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.



20. Day

IF you

21. Day

IF you

22. Where

(Circle One)

a. In

b. In

c. Over

d. In

e. At

f. Other

24. IF you

24.1

24.2

24.3

25. Did you

a. E

b. S

c. V

d. Y

26. In order

jects w

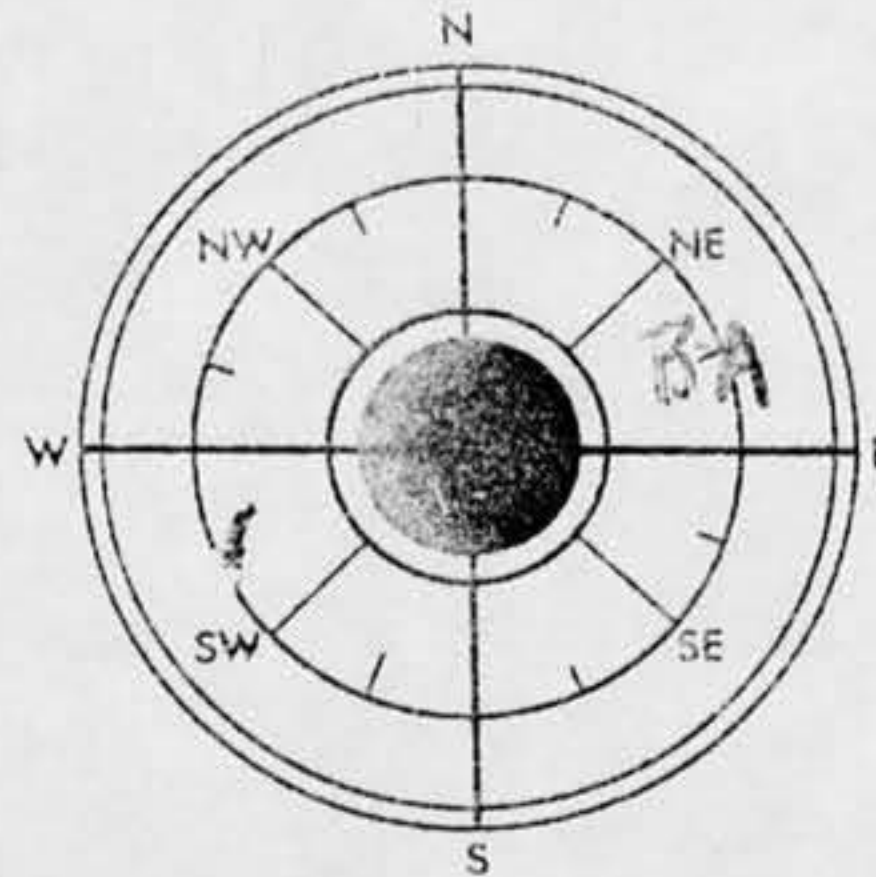
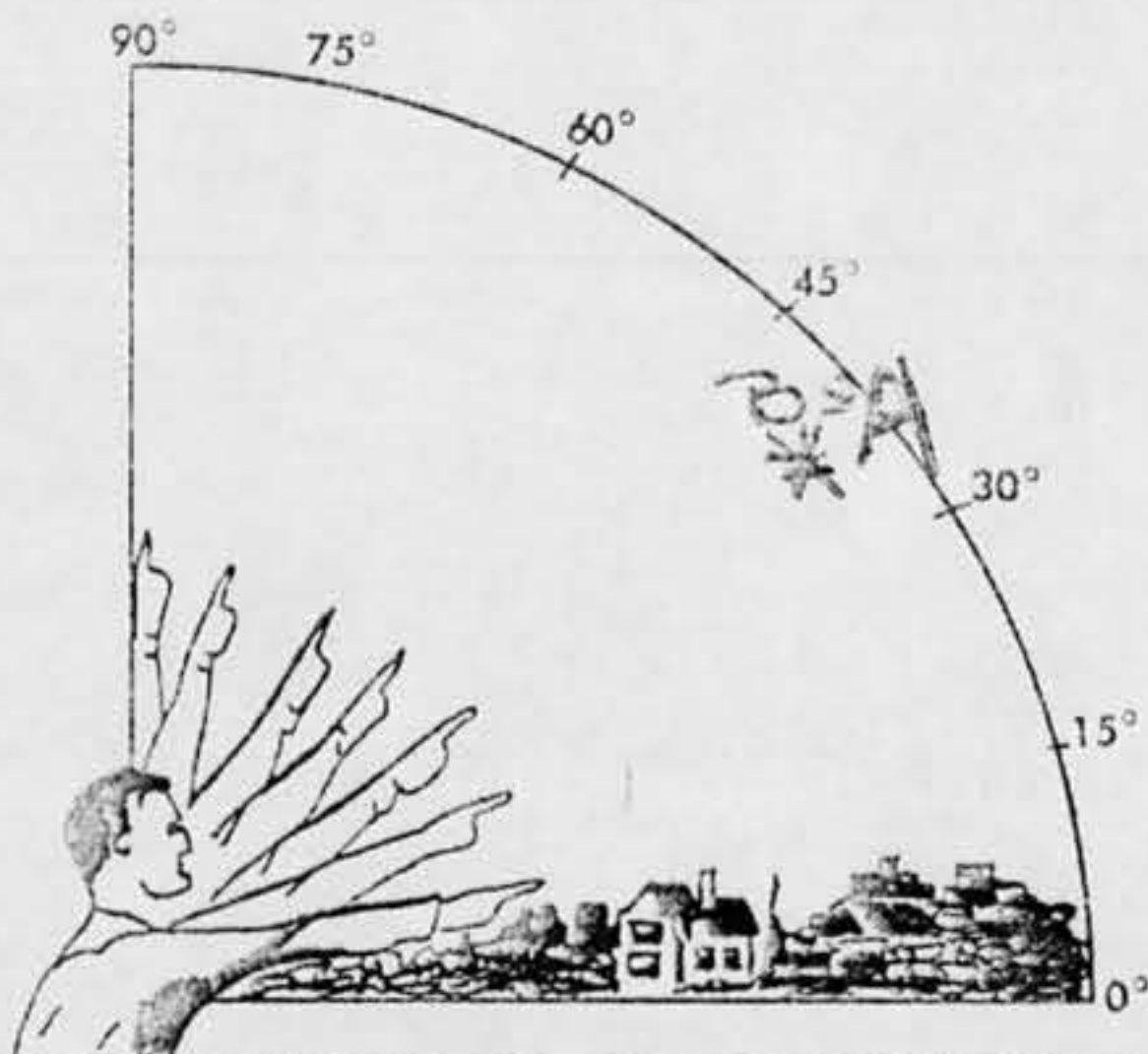
5



# Official U.S. Air Force UFO form

Page 5

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you first saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you last saw it. Place an "A" on the compass when you first saw it. Place a "B" on the compass when you last saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

Objects MADE VERY unusual  
manouvers flying next to EACH OTHER  
AND BACK AND FORTH AND UP AND  
DOWN

29. IF there was MORE THAN ONE object, then how many were there? ABOUT 20-25  
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.



30. Have you ever seen

24 7/6  
Out of  
and

31. Was anyone else

31.1 If you answer

31.2 Please list the

[Redacted]

32. Please give the following

NAME F

ADDRESS H

TELEPHONE NUMBER

Indicate any address

I see  
this in  
this in  
Camera

33. When and to whom

-25  
Day



# ce UFO form continued

Page 6

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

24/7/68 Same location and same time  
but this time we had two cameras with us  
and ourselves

31. Was anyone else with you at the time you saw the object? (Circle One) ☒ Yes ☐ No

31.1 If you answered YES, did they see the object too? (Circle One) ☒ Yes ☐ No

31.2 Please list their names and addresses: too many to name about 50-

40 people

MRS

MR

32. Please give the following information about yourself:

NAME [REDACTED] First Name [REDACTED] Middle Name [REDACTED]

ADDRESS [REDACTED] New York 20 New York  
City Zone State

TELEPHONE [REDACTED] AGE 14 SEX MALE 10020

Indicate any additional information about yourself, including any special experience, which might be pertinent.

The day before this my friend and I saw  
this. We wanted to know what it was so  
this night we came out with binoculars and  
cameras and got pictures and eye witnesses  
to it.

33. When and to whom did you report that you had seen the object?

25 7 68  
Day Month Year

Police + Operator  
Air Force +  
News



# 3. Air Force UFO form continued

Page 7

8  
Year  
of the  
Stories  
for it  
bigger than  
a saw  
and I  
live  
I have  
the give  
out it  
to the

Page 8

[REDACTED]

Other unknown, \* All HAD Binoculars

The only other important thing was their speed and maneuverability they did zigzag in the sky looked like they were out of control almost collided. People passing by didn't believe us but when seen again they said it was a helicopter because of its maneuverability but its size was so big it was hard to believe but the main event which really had us to believe it was from another world was ~~from~~ when it flew above our airplane this is how we were able to compare it to an airplane. First we called the Air Force asking them if they had stuck airplane down in this area they said no. We called the local news and they both said we were crazy and when we said we had about 40 people but who saw it they said call the Air Force and we did.



# Official U.S. Air Force

Page 7

34. Date you completed this questionnaire:

25  
Day

7  
Month

68  
Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

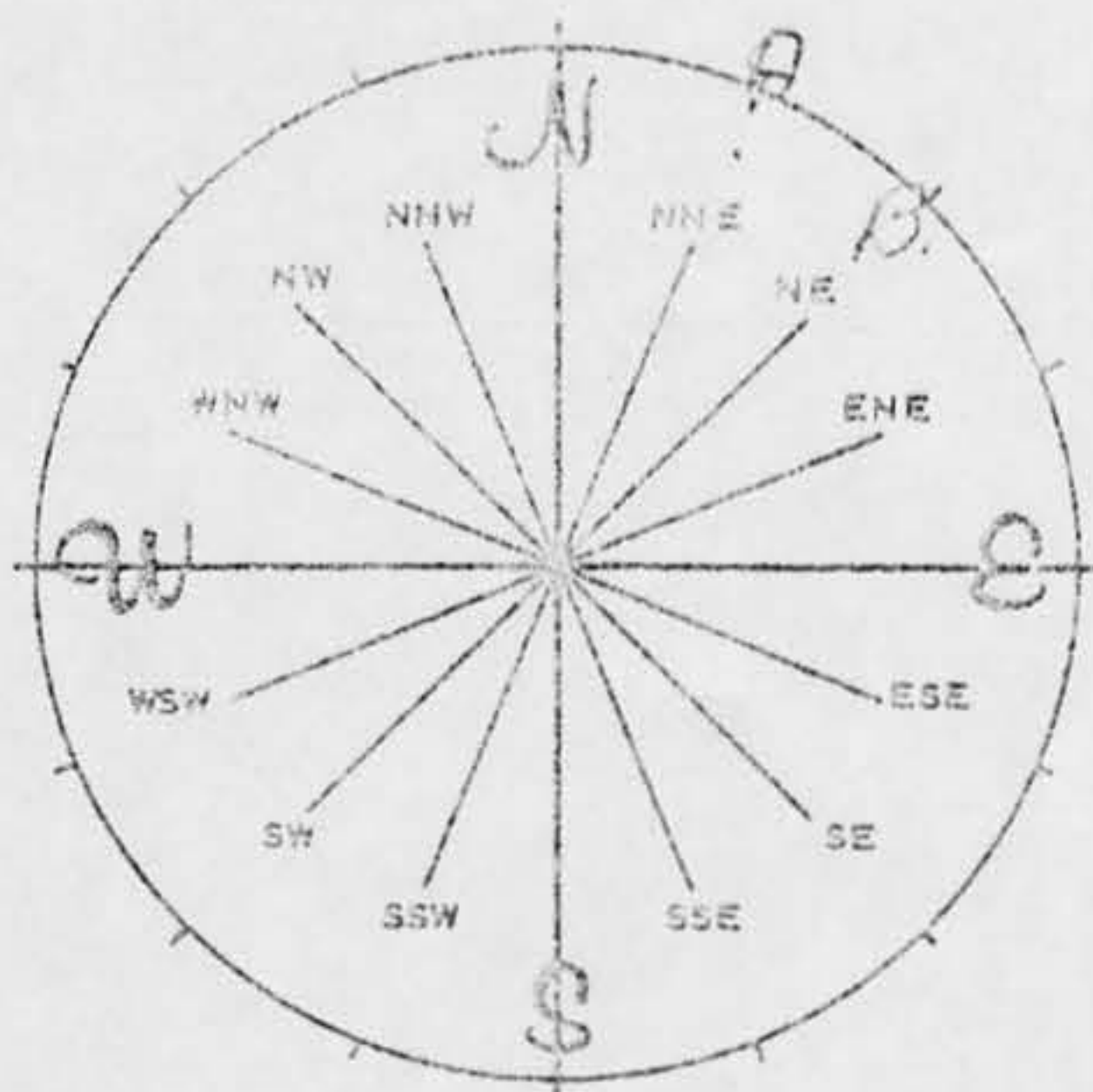
I know you get pranks and stories about this but take my word for it this; what we saw was real bigger than any airplane I ever seen. We saw it the night before; My friend and I ~~and~~ know you would not believe us unless we had proof but we have pictures and witnesses and I'll give their names and signatures who saw it

[REDACTED]

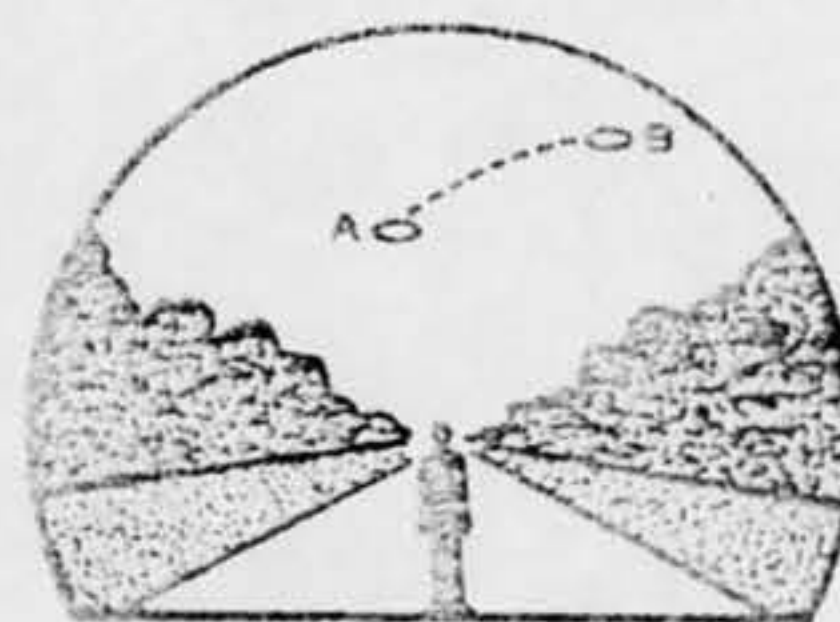
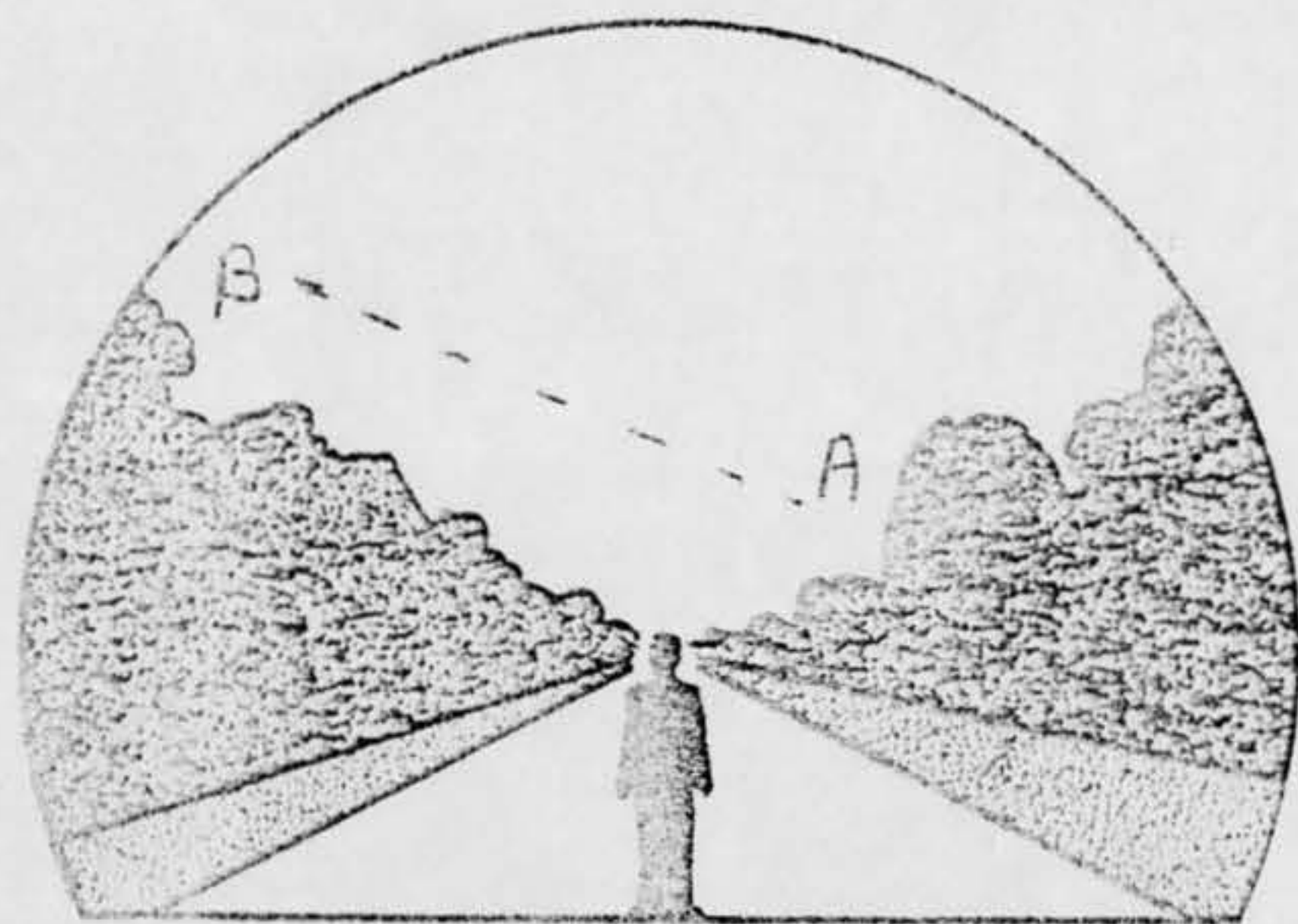
These people were here when we wrote this out



6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-X253

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, 1AW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 31 MONTH JULY YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 8:00 MINUTES 00 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 10 MINUTES 15 ☐ A.M. ☒ P.M.

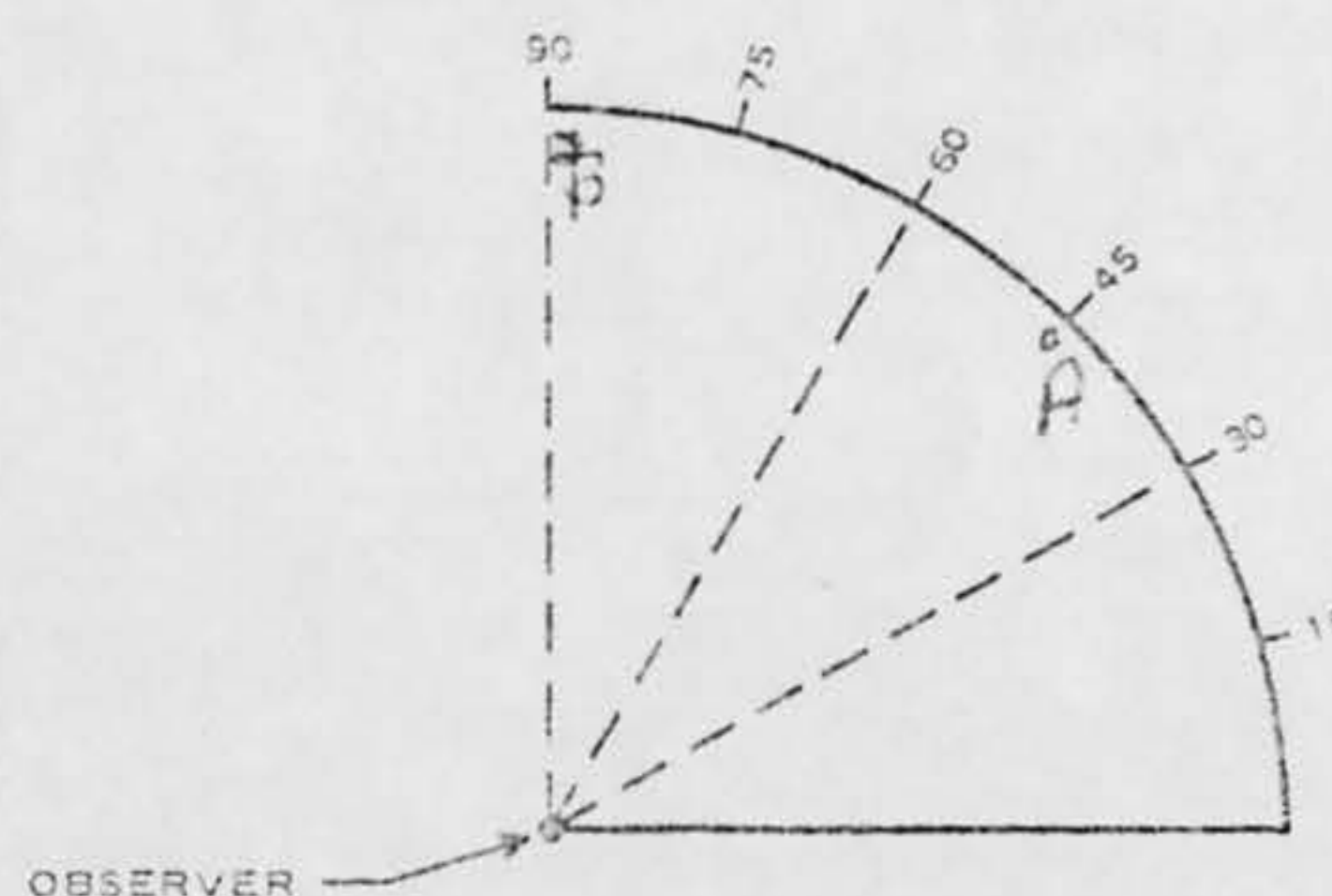
4. TIME ZONE

☒ DAYLIGHT SAVINGS☐ STANDARD☒ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.



6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN 'A' ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE WHEN FIRST SEEN. PLACE A 'B' ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.





11. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

ONLY ONE



| 11. CONDITIONS (Check appropriate blocks.) |  |  |   |
|--|--|--|---|
| A. SKY                                     |  | B. WEATHER                                 |   |
| DAY  |  | CUMULUS CLOUDS (Low fluffy)                | FOG OR MIST   |
| TWILIGHT                                   |  | CIRRUS CLOUDS (High fleecy or Herringbone) | HEAVY RAIN  |
| NIGHT                                      |  |  | LIGHT RAIN OR DRIZZLE                                 |
| CLEAR                                      |  | NIMBUS CLOUDS (Rain)                       | HAIL  |
| PARTLY CLOUDY                              |  | CUMULONIMBUS CLOUDS (Thunderstorms)        | SNOW OR SLEET   |
| COMPLETELY OVERCAST                        |  |  | UNKNOWN   |
|  |  | HAZE OR SMOG                               | <input checked="" type="checkbox"/> NONE OF THE ABOVE |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS                                 |  | (2) MOON   |              |
|---|--|--|--------------|
| NONE                                      |  | <input checked="" type="checkbox"/> BRIGHT MOONLIGHT | NO MOONLIGHT |
| <input checked="" type="checkbox"/> A FEW |  | MOON WITH HALO                                       | UNKNOWN      |
| MANY                                      |  | MOON HIDDEN BY CLOUDS                                |              |
| UNKNOWN                                   |  | PARTIAL (New or quarter)                             |              |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

|                 |               |                      |
|-----------------|---------------|----------------------|
| IN FRONT OF YOU | TO YOUR RIGHT | OVERHEAD (Near noon) |
| IN BACK OF YOU  | TO YOUR LEFT  | UNKNOWN              |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

STREET LAMPS

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

LIGHT, SELF LUMINOUS, RED & WHITE,  
SOLID, SHARP



LIKE FOOTBALL WITH WING  
ON TOP



11. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

ONLY ONE



| 11. CONDITIONS (Check appropriate blocks.)   |  |  |   |
|--|--|--|---|
| A. SKY                                       |  | B. WEATHER   |   |
| <input type="checkbox"/> DAY                 |  | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)                 | <input type="checkbox"/> FOG OR MIST                  |
| <input type="checkbox"/> TWILIGHT            |  | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone) | <input type="checkbox"/> HEAVY RAIN                   |
| <input type="checkbox"/> NIGHT               |  |  | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE        |
| <input type="checkbox"/> CLEAR               |  | <input type="checkbox"/> NIMBUS CLOUDS (Rain)                        | <input type="checkbox"/> HAIL                         |
| <input type="checkbox"/> PARTLY CLOUDY       |  | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)         | <input type="checkbox"/> SNOW OR SLEET                |
| <input type="checkbox"/> COMPLETELY OVERCAST |  |  | <input type="checkbox"/> UNKNOWN                      |
|  |  | <input type="checkbox"/> HAZE OR SMOG                                | <input checked="" type="checkbox"/> NONE OF THE ABOVE |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS                                 |  | (2) MOON   |                                       |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> NONE             |  | <input checked="" type="checkbox"/> BRIGHT MOONLIGHT | <input type="checkbox"/> NO MOONLIGHT |
| <input checked="" type="checkbox"/> A FEW |  | <input type="checkbox"/> MOON WITH HALO              | <input type="checkbox"/> UNKNOWN      |
| <input type="checkbox"/> MANY             |  | <input type="checkbox"/> MOON HIDDEN BY CLOUDS       |                                       |
| <input type="checkbox"/> UNKNOWN          |  | <input type="checkbox"/> PARTIAL (New or quarter)    |                                       |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

|  |  |   |
|--|--|---|
| <input type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU  | <input type="checkbox"/> TO YOUR LEFT  | <input type="checkbox"/> UNKNOWN              |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

STREET LAMPS

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.


LIGHT, SELF LUMINOUS, RED & WHITE,  
SOLID, SHARP



LIKE FOOTBALL WITH WING  
ON TOP



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

JUST ONE   
OBJECT

| 11. CONDITIONS (Check appropriate blocks.)   |                          |  |   |
|--|--------------------------|--|---|
| A. SKY                                       |                          | B. WEATHER   |   |
| <input type="checkbox"/> DAY                 | <input type="checkbox"/> | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)                 | <input type="checkbox"/> FOG OR MIST                  |
| <input type="checkbox"/> TWILIGHT            | <input type="checkbox"/> | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone) | <input type="checkbox"/> HEAVY RAIN                   |
| <input checked="" type="checkbox"/> NIGHT    | <input type="checkbox"/> | <input type="checkbox"/> NIMBUS CLOUDS (Rain)                        | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE        |
| <input checked="" type="checkbox"/> CLEAR    | <input type="checkbox"/> | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)         | <input type="checkbox"/> HAIL                         |
| <input type="checkbox"/> PARTLY CLOUDY       | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> SNOW OR SLEET                |
| <input type="checkbox"/> COMPLETELY OVERCAST | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> UNKNOWN                      |
|  |                          | <input type="checkbox"/> HAZE OR SMOG                                | <input checked="" type="checkbox"/> NONE OF THE ABOVE |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS                                |                                     | (2) MOON   |                                       |
|--|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> NONE            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> BRIGHT MOONLIGHT | <input type="checkbox"/> NO MOONLIGHT |
| <input type="checkbox"/> A FEW           | <input type="checkbox"/>            | <input type="checkbox"/> MOON WITH HALO              | <input type="checkbox"/> UNKNOWN      |
| <input checked="" type="checkbox"/> MANY | <input type="checkbox"/>            | <input type="checkbox"/> MOON HIDDEN BY CLOUDS       |                                       |
| <input type="checkbox"/> UNKNOWN         | <input type="checkbox"/>            | <input type="checkbox"/> PARTIAL (New or quarter)    |                                       |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

|  |  |   |
|--|--|---|
| <input type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU  | <input type="checkbox"/> TO YOUR LEFT  | <input type="checkbox"/> UNKNOWN              |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

STREET LAMPS

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

1) APPEARED LIGHT      2) NO COMPARISON  
 3) SELF LUMINOUS & WHITE  
 4) SOLID  
 5) SHARP  
 6) OVAL WITH  
 WINGLIKE PROTRUSION ON TOP



|   |   |  |                          |
|---|---|--|--------------------------|
| 3. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)  |   |  |                          |
| OUTDOORS  |   | IN BUSINESS SECTION OF CITY  |                          |
| IN BUILDING   |   | <input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY   |                          |
| IN CAR  | <input type="checkbox"/> AS DRIVER                  | <input type="checkbox"/> AS PASSENGER  | IN OPEN COUNTRYSIDE      |
| IN BOAT   |   |  | NEAR AIRFIELD            |
| IN AIRPLANE   | <input type="checkbox"/> AS PILOT                   | <input type="checkbox"/> AS PASSENGER  | FLYING OVER CITY         |
| OTHER   |   |  | FLYING OVER OPEN COUNTRY |
|   |   | OTHER  |                          |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:  |   |  |                          |
| WHAT DIRECTION WERE YOU MOVING?   |   | HOW FAST WERE YOU MOVING?  |                          |
| NORTH   | EAST  | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                          |
| SOUTH   | WEST  |  |                          |
| NORTHEAST   | SOUTHEAST   |  |                          |
| NORTHWEST   | SOUTHWEST   |  |                          |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.   |   |  |                          |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.  |   |  |                          |
| HOW MUCH OTHER TRAFFIC WAS THERE?<br><i>VERY LITTLE</i>   |   |  |                          |
| DID YOU NOTICE ANY AIRPLANES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.<br><br><i>PHENOMENON FLEW DIRECTLY UNDER PLANE</i> |   |  |                          |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT?  |   |  |                          |
| LENGTH OF TIME<br><i>10 MINUTES</i>   | <input checked="" type="checkbox"/> CERTAIN OF TIME | <input type="checkbox"/> NOT VERY SURE   |                          |
|   | <input type="checkbox"/> FAIRLY CERTAIN             | <input type="checkbox"/> JUST A GUESS  |                          |
| HOW WAS TIME DETERMINED?  |   |  |                          |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.                              |   |  |                          |



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

SIZE OF QUATER AT ARMS  
LENGTH



| 13. | DID THE PHENOMENON              | YES | NO | UNKNOWN |
|-----|---------------------------------|-----|----|---------|
|     | MOVE IN A STRAIGHT LINE?        |     | ✓  |         |
|     | STAND STILL AT ANYTIME?         | ✓   |    |         |
|     | SUDDENLY SPEED UP AND RUN AWAY? | ✓   |    |         |
|     | BREAK UP IN PARTS AND EXPLODE?  |     | ✓  |         |
|     | CHANGE COLOR?                   | ✓   |    |         |
|     | GIVE OFF SMOKE?                 |     | ✓  |         |
|     | CHANGE BRIGHTNESS?              | ✓   |    |         |
|     | CHANGE SHAPE?                   |     | ✓  |         |
|     | FLASH OR FLICKER?               | ✓   |    |         |
|     | DISAPPEAR AND REAPPEAR?         |     | ✓  |         |
|     | SPIN LIKE A TOP?                |     | ✓  |         |
|     | MAKE A NOISE?                   | ✓   |    |         |
|     | FLUTTER OR WOBBLE?              |     | ✓  |         |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

LOOKING FOR U.F.O. PREVIOUSLY  
SEEN

A. HOW DID IT FINALLY DISAPPEAR?

JUST VANISHED

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?

☒ YES ☐ NO. IF "YES," DESCRIBE.

APARTMENT  
BUILDING



22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☒ YES ☐ NO. IF "YES," GIVE DATE AND LOCATION.

EVERY DAY SINCE JULY 27

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?

A. LIST THEIR NAMES AND ADDRESSES

[REDACTED]

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME

ADDRESS (Street, City)

TELEPHONE (number)

AGE

15

☒

MALE

☐ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME PROJECT BLUEBOOK DAY 18, 11, 12, 13, 14, 15 MONTH AUGUST YEAR 68

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 16 MONTH AUGUST YEAR 68



17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

|                        |   |
|------------------------|---|
| EYEGLASSES             | <input checked="" type="checkbox"/> CAMERA VIEWER |
| SUNGLASSES             | <input checked="" type="checkbox"/> BINOCULARS    |
| WINDSHIELD             | TELESCOPE   |
| SIDE WINDOW OF VEHICLE | THEODOLITE  |
| WINDOWPANE             | OTHER   |

A. DO YOU ORDINARILY WEAR GLASSES? ☐ YES ☒ NO

B. DO YOU USE READING GLASSES? ☐ YES ☒ NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED 100

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE 500 FT.

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

FOOT BALL WITH WING ON  
TOP



21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☒ YES ☐ NO. IF "YES," DESCRIBE.

HUMMING SOUND

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. ☐ YES ☒ NO. IF "YES," DESCRIBE.



27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE, ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

We have seen this object for over three weeks and we have three rolls of undeveloped film.

We would appreciate an answer soon. I have already sent in two pictures and 3 undeveloped negatives under name of Paul Pastore.



Ref [unclear]  
31 Jul 68

TDPT (UFO) Lt Col Quintanilla/70916/mhs/6 Jul 68

UFO Observation & Photographs

13 AUG 68

~~XXXXXXXXXX~~  
~~XXXXXXXXXX~~  
Brooklyn, New York 11220

1. Reference your recent correspondence of July 31, 1968, in which you reported your unidentified observation and subsequent photographs. Additional information on your sighting and your original negatives are needed to perform a scientific investigation. Request you complete the attached photographic data sheet and AF Form 117 and return them with your original negatives in the inclosed envelope. Upon completion of analysis we will return your negatives along with our findings.

2. Thank you for reporting your observation to the Air Force.

RECTOR QUINTANILLA, Jr, Lt Colonel, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

2 Atch

1. AF Form 117 w/envelope
2. Photo Data Sheet



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)  
WRIGHT-PATTERSON AIR FORCE BASE OHIO 45433



REPLY TO  
ATTN OF:

TDPT (UFO)

5 AUG 1968

SUBJECT:

UFO Observation, 25 July 1968

TO:

Mr. [REDACTED]

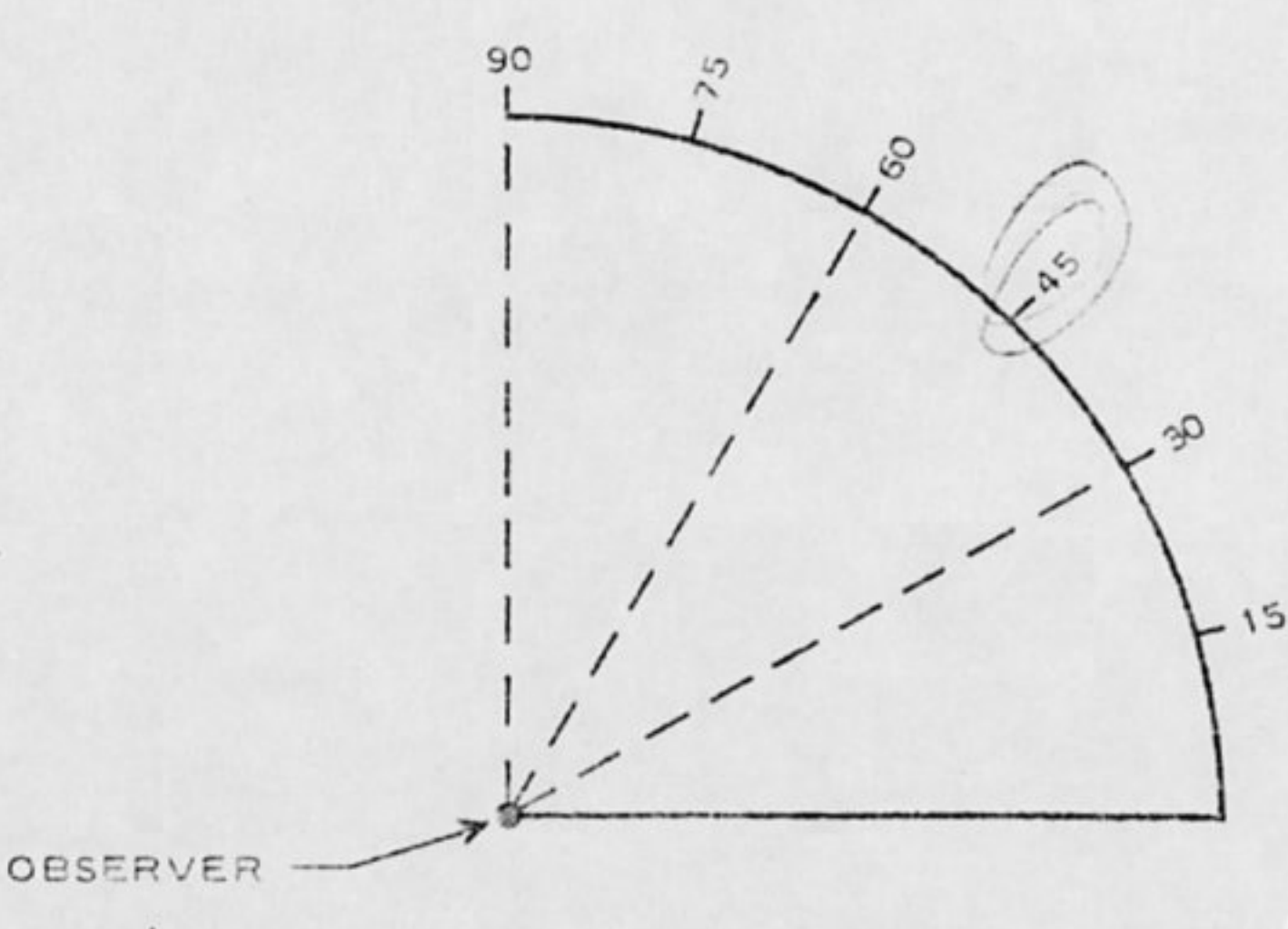
New York, New York 10001

Your name has been given to the Aerial Phenomena Office (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 25 July 1968 would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

RECTOR QUINTANILLA, Jr, Lt Colonel, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

1 Atch  
AF Form 117 w/envelope



| SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE  | BUDGET BUREAU APPROVAL<br>NUMBER 21-R158 |
|---|--|
| <p>THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)</p> |  |
| <p>1. WHEN DID YOU SEE THE PHENOMENON? DAY <u>26</u> MONTH <u>August</u> YEAR <u>1963</u></p>   |  |
| <p>2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON? HOUR <u>2030</u> MINUTES <u>      </u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.</p>   |  |
| <p>3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON? HOUR <u>2035</u> MINUTES <u>      </u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.</p>  |  |
| <p>4. TIME ZONE <input checked="" type="checkbox"/> DAYLIGHT SAVINGS <input type="checkbox"/> STANDARD<br/> <input checked="" type="checkbox"/> EASTERN <input type="checkbox"/> CENTRAL <input type="checkbox"/> MOUNTAIN <input type="checkbox"/> PACIFIC <input type="checkbox"/> OTHER</p>  |  |
| <p>5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.</p> <p style="font-size: 1.2em; margin-top: 10px;">corner 7<sup>th</sup> Ave 46<sup>th</sup> St Brooklyn</p>   |  |
| <p>6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.</p> <div style="text-align: center; margin-top: 20px;">  </div>   |  |



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

Two



11. CONDITIONS (Check appropriate blocks.)

| A. SKY                              |                     | B. WEATHER               |  |                          |                       |
|-------------------------------------|---------------------|--------------------------|--|--------------------------|-----------------------|
| <input type="checkbox"/>            | DAY                 | <input type="checkbox"/> | CUMULUS CLOUDS ( <i>Low fluffy</i> )                 | <input type="checkbox"/> | FOG OR MIST           |
| <input type="checkbox"/>            | TWILIGHT            | <input type="checkbox"/> | CIRRUS CLOUDS ( <i>High fleecy or Herring-bone</i> ) | <input type="checkbox"/> | HEAVY RAIN            |
| <input checked="" type="checkbox"/> | NIGHT               | <input type="checkbox"/> |  | <input type="checkbox"/> | LIGHT RAIN OR DRIZZLE |
| <input checked="" type="checkbox"/> | CLEAR               | <input type="checkbox"/> | NIMBUS CLOUDS ( <i>Rain</i> )                        | <input type="checkbox"/> | HAIL                  |
| <input type="checkbox"/>            | PARTLY CLOUDY       | <input type="checkbox"/> | CUMULONIMBUS CLOUDS                                  | <input type="checkbox"/> | SNOW OR SLEET         |
| <input type="checkbox"/>            | COMPLETELY OVERCAST | <input type="checkbox"/> | ( <i>Thunderstorms</i> )                             | <input type="checkbox"/> | UNKNOWN               |
|                                     |                     | <input type="checkbox"/> | HAZE OR SMOG   | <input type="checkbox"/> | NONE OF THE ABOVE     |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS                           |         | (2) MOON                 |                          |                          |              |
|-------------------------------------|---------|--------------------------|--------------------------|--------------------------|--------------|
| <input checked="" type="checkbox"/> | NONE    | <input type="checkbox"/> | BRIGHT MOONLIGHT         | <input type="checkbox"/> | NO MOONLIGHT |
| <input type="checkbox"/>            | A FEW   | <input type="checkbox"/> | MOON WITH HALO           | <input type="checkbox"/> | UNKNOWN      |
| <input type="checkbox"/>            | MANY    | <input type="checkbox"/> | MOON HIDDEN BY CLOUDS    | <input type="checkbox"/> |              |
| <input type="checkbox"/>            | UNKNOWN |                          | PARTIAL (New or quarter) |                          |              |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

|                          |                 |                          |               |                          |                      |
|--------------------------|-----------------|--------------------------|---------------|--------------------------|----------------------|
| <input type="checkbox"/> | IN FRONT OF YOU | <input type="checkbox"/> | TO YOUR RIGHT | <input type="checkbox"/> | OVERHEAD (Near noon) |
| <input type="checkbox"/> | IN BACK OF YOU  | <input type="checkbox"/> | TO YOUR LEFT  | <input type="checkbox"/> | UNKNOWN              |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

Street lamp

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

Brighter than any surrounding stars  
Self luminous  
Green  
Solid  
Sharp  
Circular



| 13. | DID THE PHENOMENON              | YES | NO | UNKNOWN |
|-----|---------------------------------|-----|----|---------|
|     | MOVE IN A STRAIGHT LINE?        |     | ✓  |         |
|     | STAND STILL AT ANYTIME?         | ✓   |    |         |
|     | SUDDENLY SPEED UP AND RUN AWAY? |     | ✓  |         |
|     | BREAK UP IN PARTS AND EXPLODE?  |     | ✓  |         |
|     | CHANGE COLOR?                   |     | ✓  |         |
|     | GIVE OFF SMOKE?                 |     | ✓  |         |
|     | CHANGE BRIGHTNESS?              |     | ✓  |         |
|     | CHANGE SHAPE?                   |     | ✓  |         |
|     | FLASH OR FLICKER?               |     | ✓  |         |
|     | DISAPPEAR AND REAPPEAR?         | ✓   |    |         |
|     | SPIN LIKE A TOP?                |     | ✓  |         |
|     | MAKE A NOISE?                   |     | ✓  |         |
|     | FLUTTER OR WOBBLE?              |     | ✓  |         |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

LOOKING IN SKY FOR UFO WE  
HAD SEEN PREVIOUSLY

A. HOW DID IT FINALLY DISAPPEAR?

IT JUST WENT OUT AS A LAMP  
WOULD WHEN YOU SHOT IT  
OFF

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?  
☐ YES ☒ NO. IF "YES," DESCRIBE.



| B. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)   |  |  |  |
|--|--|--|--|
| OUTDOORS   |  | IN BUSINESS SECTION OF CITY  |  |
| IN BUILDING  |  | <input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY   |  |
| IN CAR   | <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER | IN OPEN COUNTRYSIDE  |  |
| IN BOAT  |  | NEAR AIRFIELD  |  |
| IN AIRPLANE  | <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER  | FLYING OVER CITY   |  |
| OTHER  |  | FLYING OVER OPEN COUNTRY   |  |
|  |  | OTHER  |  |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:   |  |  |  |
| WHAT DIRECTION WERE YOU MOVING?  |  | HOW FAST WERE YOU MOVING?  |  |
| NORTH  | EAST   | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| SOUTH  | WEST   |  |  |
| NORTHEAST  | SOUTHEAST  |  |  |
| NORTHWEST  | SOUTHWEST  |  |  |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.  |  |  |  |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.   |  |  |  |
| HOW MUCH OTHER TRAFFIC WAS THERE?  |  |  |  |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.                                  |  |  |  |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT?   |  |  |  |
| LENGTH OF TIME   |  | <input checked="" type="checkbox"/> CERTAIN OF TIME  | <input type="checkbox"/> NOT VERY SURE |
| 5 min  |  | <input type="checkbox"/> FAIRLY CERTAIN  | <input type="checkbox"/> JUST A GUESS  |
| HOW WAS TIME DETERMINED?   |  |  |  |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. |  |  |  |



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

*match would cover 1/2 of it*



| 13.  | DID THE PHENOMENON              | YES                                 | NO                                  | UNKNOWN |
|--|---------------------------------|-------------------------------------|-------------------------------------|---------|
|  | MOVE IN A STRAIGHT LINE?        | <input checked="" type="checkbox"/> |                                     |         |
|  | STAND STILL AT ANYTIME?         | <input checked="" type="checkbox"/> |                                     |         |
|  | SUDDENLY SPEED UP AND RUN AWAY? |                                     | <input checked="" type="checkbox"/> |         |
|  | BREAK UP IN PARTS AND EXPLODE?  |                                     | <input checked="" type="checkbox"/> |         |
|  | CHANGE COLOR?                   |                                     | <input checked="" type="checkbox"/> |         |
|  | GIVE OFF SMOKE?                 |                                     | <input checked="" type="checkbox"/> |         |
|  | CHANGE BRIGHTNESS?              |                                     | <input checked="" type="checkbox"/> |         |
|  | CHANGE SHAPE?                   |                                     | <input checked="" type="checkbox"/> |         |
|  | FLASH OR FLICKER?               |                                     | <input checked="" type="checkbox"/> |         |
|  | DISAPPEAR AND REAPPEAR?         |                                     | <input checked="" type="checkbox"/> |         |
|  | SPIN LIKE A TOP?                |                                     | <input checked="" type="checkbox"/> |         |
|  | MAKE A NOISE?                   | <input checked="" type="checkbox"/> |                                     |         |
|  | FLUTTER OR WOBBLE?              |                                     | <input checked="" type="checkbox"/> |         |
| 14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?  |                                 |                                     |                                     |         |
| Looking for one seen previously  |                                 |                                     |                                     |         |
| A. HOW DID IT FINALLY DISAPPEAR?   |                                 |                                     |                                     |         |
| Went out of sight  |                                 |                                     |                                     |         |
| B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME? |                                 |                                     |                                     |         |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.                 |                                 |                                     |                                     |         |



|   |                  |  |                                 |
|---|------------------|--|---------------------------------|
| 22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," GIVE DATE AND LOCATION.  |                  |  |                                 |
| <p><i>very bright white light</i></p> <p><i>10-7-70</i></p>   |                  |  |                                 |
| 23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DID THEY SEE IT TOO?   |                  |  |                                 |
| A. LIST NAMES AND ADDRESSES   |                  |  |                                 |
| <div style="background-color: black; width: 100%; height: 10px;"></div> <div style="background-color: black; width: 100%; height: 10px;"></div> <div style="background-color: black; width: 100%; height: 10px;"></div>   |                  |  |                                 |
| 24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF   |                  |  |                                 |
| LAST NAME, FIRST NAME, MIDDLE NAME  |                  |  |                                 |
| <div style="background-color: black; width: 100%; height: 10px;"></div>   |                  |  |                                 |
| ADDRESS (Street, City, State and Zip Code)  |                  |  |                                 |
| <div style="background-color: black; width: 100%; height: 10px;"></div> <div style="background-color: black; width: 100%; height: 10px;"></div> <div style="background-color: black; width: 100%; height: 10px;"></div> <p style="margin-top: 10px;"><i>Brooklyn New York</i></p> |                  |  |                                 |
| TELEPHONE (Area code and number)  | AGE              | <input checked="" type="checkbox"/> MALE | <input type="checkbox"/> FEMALE |
| <div style="background-color: black; width: 100%; height: 10px;"></div>   | <p><i>14</i></p> |  |                                 |
| INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.   |                  |  |                                 |
| <p style="font-size: 2em; margin-top: 50px;"><u>NO</u></p>  |                  |  |                                 |
| 25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?   |                  |  |                                 |
| NAME  | DAY              | MONTH                                    | YEAR                            |
|   |                  |  |                                 |
| 26. DATE YOU COMPLETED THIS QUESTIONNAIRE.  |                  |  |                                 |
|   | DAY              | MONTH                                    | YEAR                            |
|   |                  |  |                                 |



|  |   |
|--|---|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.   |   |
| EYEGASSES  | CAMERA VIEWER   |
| SUNGLASSES   | <input checked="" type="checkbox"/> BINOCULARS  |
| WINDSHIELD   | TELESCOPE   |
| SIDE WINDOW OF VEHICLE   | THEODOLITE  |
| WINDOWPANE   | OTHER   |
| A. DO YOU ORDINARILY WEAR GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   | B. DO YOU USE READING GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO        |
| 18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>55 MPH</u>  | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>1000 YDS</u> |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW. |   |
| <p style="text-align: center; font-size: 1.2em;"><i>Looked like a baseball</i></p>   |   |
| 21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE.  |   |
| <p style="text-align: center; font-size: 1.2em;"><i>Noise</i></p>  |   |
| A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.  |   |
|  |   |



[REDACTED]

Dear Sir,

Could you please send a few forms for the sighting of U.F.O.s because I have call Ohio by phone two tell them about my sighting now for five days and also I have taken a picture of two of the objects in the sky at about 10:00 o'clock but on Tuesday night while I was looking in the sky I saw it again at 8:25, there was about six people that saw it in the sky a red and white glowing light.

Thank you very much for your kind attention.

Yours sincere



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)  
WRIGHT-PATTERSON AIR FORCE BASE OHIO 45433



REPLY TO  
ATTN OF:

TDPT (UFO)

AUG 1968

SUBJECT:

UFO Observation , 25 July 1968

TO:

Mrs. [REDACTED]

New York, New York 10001

Your name has been given to the Aerial Phenomena Office (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 25 July 1968 would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

HECTOR QUINTANILLA, Jr, Lt Colonel, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

1 Atch  
AF Form 117 w/envelope



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

THE WHOLE OBJECT ~~WAS~~ WAS  
COVERED



|  |  |
|--|--|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.   |  |
| EYEGLASSES   | <input checked="" type="checkbox"/> CAMERA VIEWER  |
| SUNGLASSES   | <input checked="" type="checkbox"/> BINOCULARS   |
| WINDSHIELD   | TELESCOPE  |
| SIDE WINDOW OF VEHICLE   | THEODOLITE   |
| WINDOWPANE   | OTHER  |
| A. DO YOU ORDINARILY WEAR GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |  |
| B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO  |  |
| 18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>100 MPH</u>   | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>?</u> |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW. |  |
| <p style="font-size: 1.5em; text-align: center;">A STREET LAMP WITH A<br/>WINGLIKE PROTRUSION ON TOP</p>   |  |
| 21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.  |  |
|  |  |
| A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.  |  |
|  |  |



22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☒ YES ☐ NO. IF "YES," GIVE DATE AND LOCATION.

SEPT. 4, 1967 [REDACTED] ST, BROOKLYN

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?

A. LIST THEIR NAMES AND ADDRESSES:

[REDACTED] 7TH AVE [REDACTED]  
[REDACTED] 34-46 ST [REDACTED] 46 ST  
[REDACTED] 46 ST  
[REDACTED] 46 ST

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

[REDACTED]

ADDRESS (Street, City, State and Zip Code)

[REDACTED] STREET BROOKLYN 20, NEW YORK 11220

TELEPHONE (Area code and number)

[REDACTED]

AGE

15

MALE

FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME POLICE DAY 30 MONTH JULY YEAR 1968

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

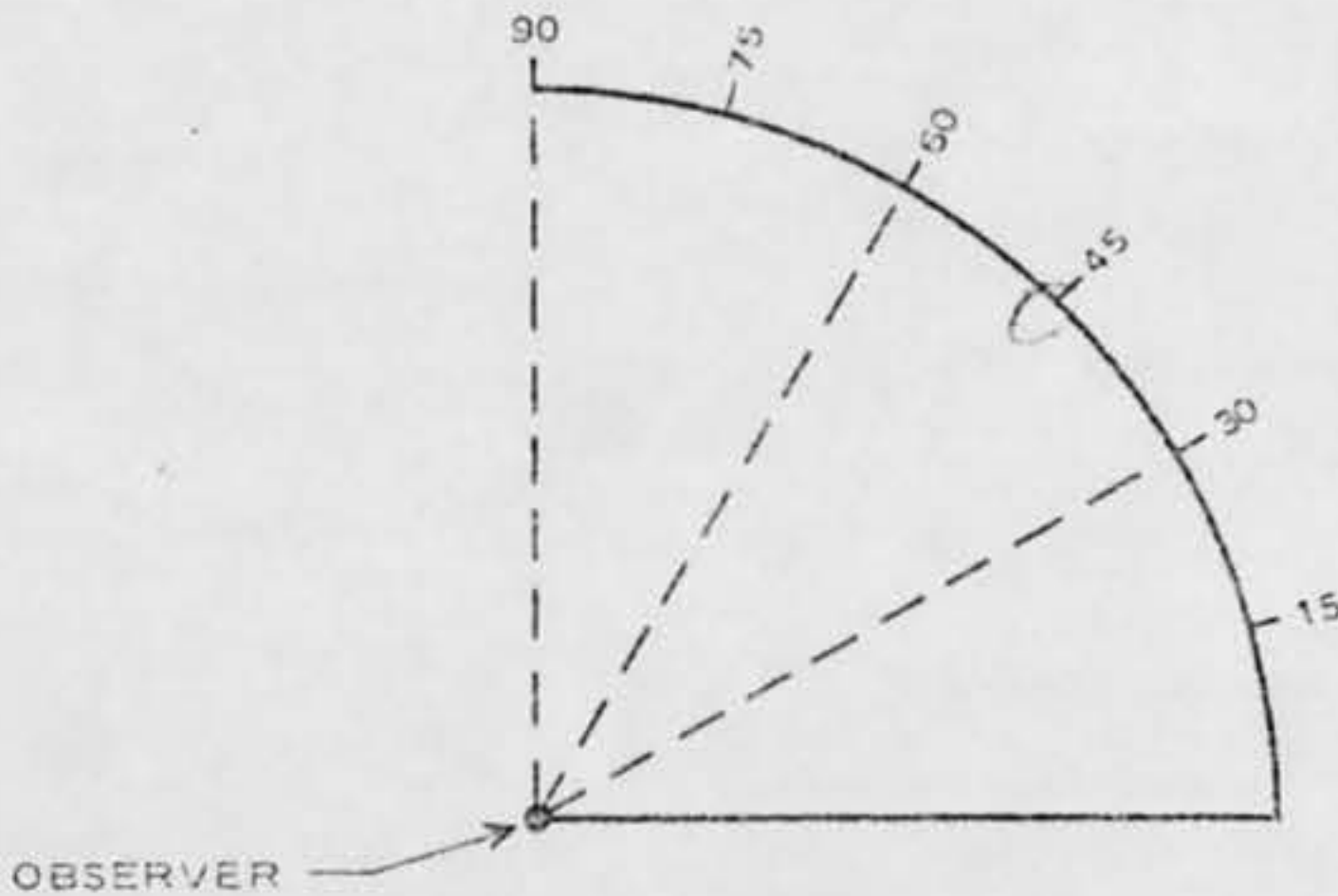
DAY 8 MONTH AUG. YEAR 1968



27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE.  
ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

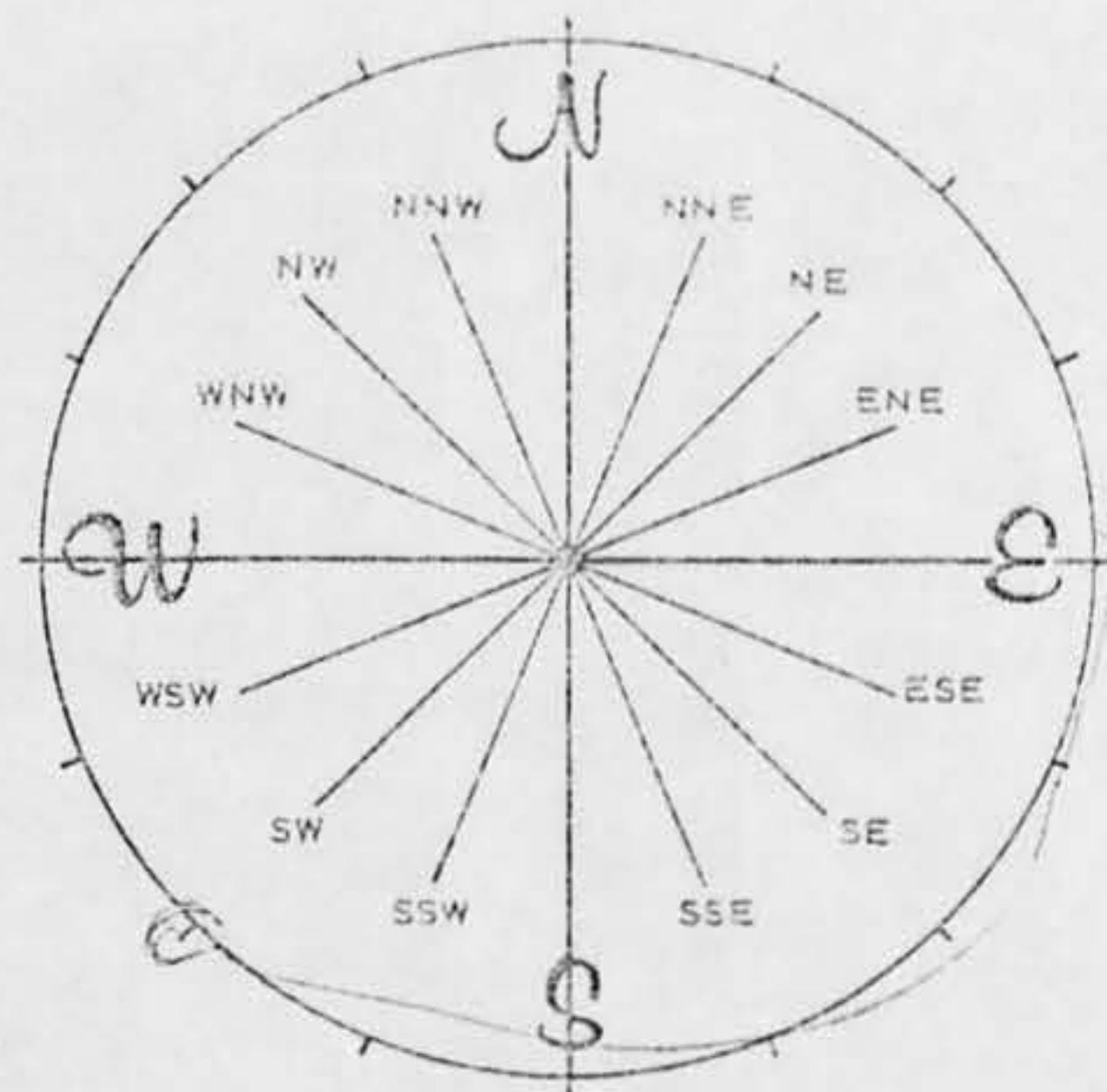
This report is only one of the two types of U.F.O.'s we have seen every day since the 24th of July and they have been seen by many more witnesses than I have listed in this form. We have tried calling the local A.F. bases in the city, but none of them have listened or bothered to investigate, and the same goes for the Police. I, myself, have called your office in Dayton, Ohio and your man said ~~he~~ <sup>we</sup> would hear from you. The other type of object we have seen has been covered by my friend, Lief Cgeho, on his farm. We have seen these <sup>objects</sup> without fail every night and everyone is getting quite nervous about the whole affair. I hope you will conduct a serious investigation of our sighting. Meanwhile, we shall keep watching.



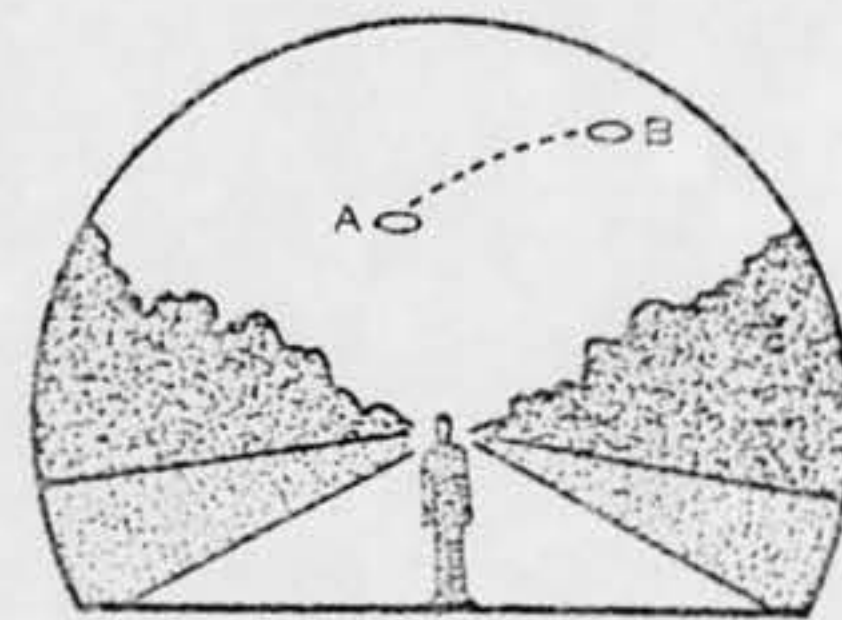
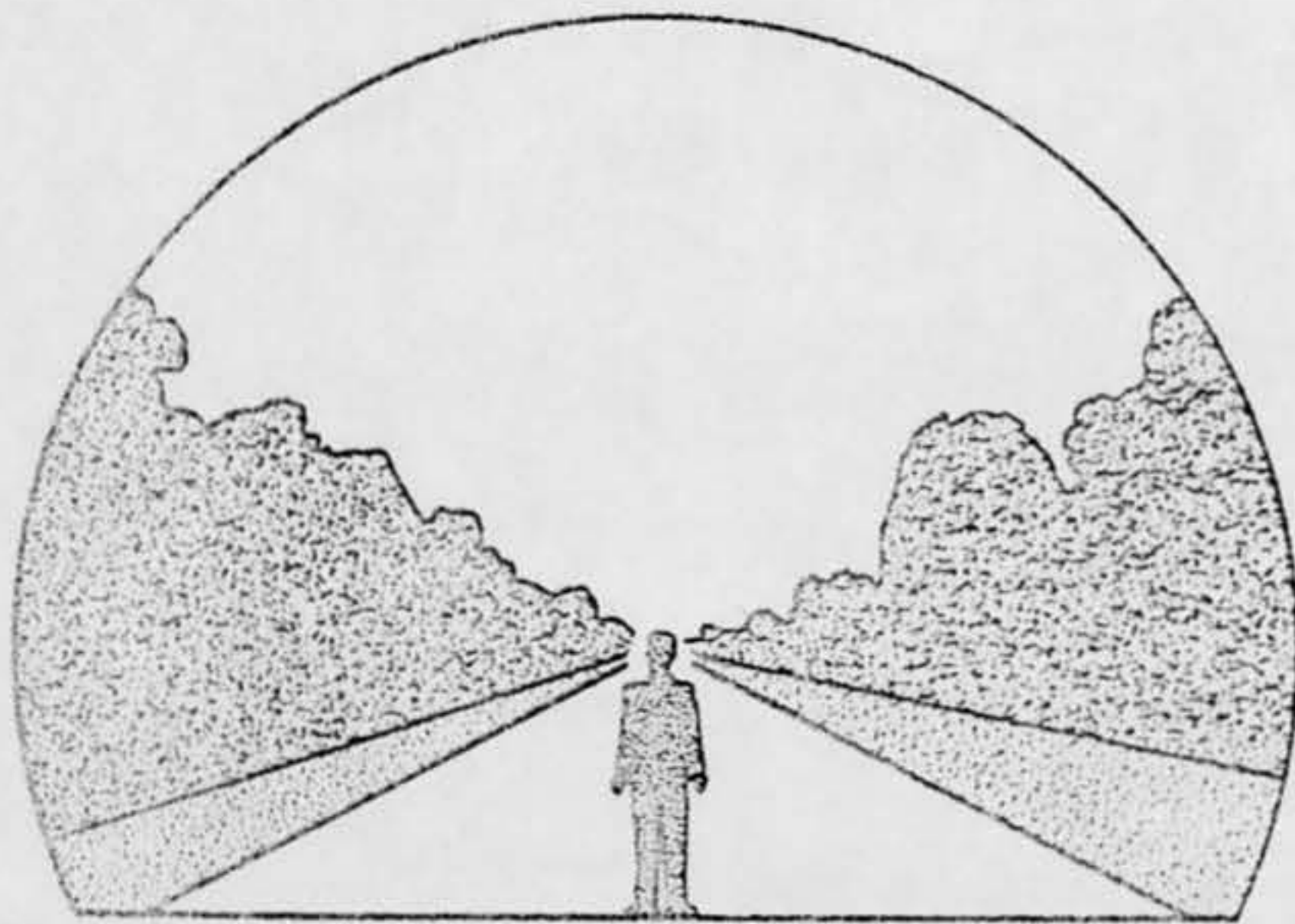
| SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE  |  | BUDGET BUREAU APPROVAL<br>NUMBER 21-2258 |
|---|--|--|
| <p>THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, 1AW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)</p> |  |  |
| <p>1. WHEN DID YOU SEE THE PHENOMENON? DAY <u>15</u> MONTH <u>Aug</u> YEAR <u>1968</u></p>  |  |  |
| <p>2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON? HOUR <u>1948</u> MINUTES <u>    </u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.</p>   |  |  |
| <p>3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON? HOUR <u>1950</u> MINUTES <u>    </u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.</p>  |  |  |
| <p>4. TIME ZONE <input checked="" type="checkbox"/> DAYLIGHT SAVINGS <input type="checkbox"/> STANDARD</p> <p><input checked="" type="checkbox"/> EASTERN <input type="checkbox"/> CENTRAL <input type="checkbox"/> MOUNTAIN <input type="checkbox"/> PACIFIC <input type="checkbox"/> OTHER</p>  |  |  |
| <p>5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.</p> <p><u>[REDACTED]</u></p>  |  |  |
| <p>6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.</p> <div style="text-align: center; margin-top: 20px;">  </div>   |  |  |



5A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.




7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





8 SEP 1968  
DPT (UFO) Lt Col Quintanilla/70916/mhs/9 Sep 68

Unidentified Flying Object Sightings

  
Brooklyn, New York 11220

1. Reference your photographs of unidentified flying objects (UFOs) that you made on 27 July 1968. If you desire a photographic analysis we need photographic data on your camera and an AF Form 117 will have to be completed on your sighting. Upon receipt of this material we will forward your photographs to the Photographic Analysis Section here at Wright-Patterson AFB. Please complete the AF Form 117 on your 27 July sighting and for no other date lest it lead to confusion. Since you have contacted the Secretary of the Air Force, Office of Information, and have told them that you want your pictures back, we are inclosing them. However, an analysis has not been accomplished on them to date. If you desire the analysis, please be sure to return the original negatives and original Polaroid photographs in the envelope provided. Analysis will take approximately two to three months.
2. Reference your unidentified observations that are occurring almost nightly. The Duty Officer has been instructed not to accept any more telephone calls from you, since the local UFO investigator is in a far better position to conduct an on-the-spot investigation which usually results in a more accurate analysis. You should contact either:
  - a. Stewart AFB, New York, area code 914 JOhn 2-1300
  - b. Suffolk County AFB, New York, area code 516, WEsthampton 4-1900.
3. Since you and your friends are observing these objects almost nightly, we feel that you are misinterpreting natural conventional objects, such as astronomical bodies, aircraft, satellites, etc.



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

*only one*

11. CONDITIONS (Check appropriate blocks.)

| A. SKY                                       |  | B. WEATHER   |  |
|--|--|--|--|
| <input type="checkbox"/> DAY                 |  | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)                 | <input type="checkbox"/> FOG OR MIST           |
| <input checked="" type="checkbox"/> TWILIGHT |  | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone) | <input type="checkbox"/> HEAVY RAIN            |
| <input checked="" type="checkbox"/> NIGHT    |  | <input type="checkbox"/> NIMBUS CLOUDS (Rain)                        | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE |
| <input type="checkbox"/> CLEAR               |  | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)         | <input type="checkbox"/> HAIL                  |
| <input type="checkbox"/> PARTLY CLOUDY       |  | <input type="checkbox"/> HAZE OR SMOG                                | <input type="checkbox"/> SNOW OR SLEET         |
| <input type="checkbox"/> COMPLETELY OVERCAST |  |  | <input type="checkbox"/> UNKNOWN               |
|  |  |  | <input type="checkbox"/> NONE OF THE ABOVE     |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS                                | (2) MOON  |
|--|---|
| <input checked="" type="checkbox"/> NONE | <input type="checkbox"/> BRIGHT MOONLIGHT         |
| <input type="checkbox"/> A FEW           | <input type="checkbox"/> MOON WITH HALO           |
| <input type="checkbox"/> MANY            | <input type="checkbox"/> MOON HIDDEN BY CLOUDS    |
| <input type="checkbox"/> UNKNOWN         | <input type="checkbox"/> PARTIAL (New or quarter) |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

|  |  |   |
|--|--|---|
| <input type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU  | <input type="checkbox"/> TO YOUR LEFT  | <input type="checkbox"/> UNKNOWN              |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

*Sun*

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

*silver glow humming*



| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)  |              |  |  |
|---|--------------|--|--|
| <input checked="" type="checkbox"/> OUTDOORS  |              |  | IN BUSINESS SECTION OF CITY  |
| IN BUILDING   |              |  | <input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY |
| IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER   |              |  | IN OPEN COUNTRYSIDE  |
| IN BOAT   |              |  | NEAR AIRFIELD  |
| IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER   |              |  | FLYING OVER CITY   |
| OTHER   |              |  | FLYING OVER OPEN COUNTRY   |
|   |              |  | OTHER  |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:  |              |  |  |
| WHAT DIRECTION WERE YOU MOVING?   |              | HOW FAST WERE YOU MOVING?  |  |
| NORTH   | EAST         | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| SOUTH   | WEST         |  |  |
| NORTHEAST   | SOUTHEAST    |  |  |
| NORTHWEST   | SOUTHWEST    |  |  |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.   |              |  |  |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.  |              |  |  |
| HOW MUCH OTHER TRAFFIC WAS THERE?   |              |  |  |
| DID YOU NOTICE ANY AIRPLANES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.<br><i>flew right above it.</i> |              |  |  |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT?  |              |  |  |
| LENGTH OF TIME  | <i>2 Min</i> | <input checked="" type="checkbox"/> CERTAIN OF TIME  | <input type="checkbox"/> NOT VERY SURE                             |
|   |              | <input type="checkbox"/> FAIRLY CERTAIN  | <input type="checkbox"/> JUST A GUESS                              |
| HOW WAS TIME DETERMINED?<br><i>Clock in store window</i>  |              |  |  |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.          |              |  |  |



| 13.                             | DID THE PHENOMENON | YES | NO | UNKNOWN |
|---------------------------------|--------------------|-----|----|---------|
| MOVE IN A STRAIGHT LINE?        |                    | ✓   |    |         |
| STAND STILL AT ANYTIME?         |                    | ✓   |    |         |
| SUDDENLY SPEED UP AND RUN AWAY? |                    | ✓   |    |         |
| BREAK UP IN PARTS AND EXPLODE?  |                    |     | ✓  |         |
| CHANGE COLOR?                   |                    |     | ✓  |         |
| GIVE OFF SMOKE?                 |                    |     | ✓  |         |
| CHANGE BRIGHTNESS?              |                    |     | ✓  |         |
| CHANGE SHAPE?                   |                    |     | ✓  |         |
| FLASH OR FLICKER?               |                    |     | ✓  |         |
| DISAPPEAR AND REAPPEAR?         |                    |     | ✓  |         |
| SPIN LIKE A TOP?                |                    |     | ✓  |         |
| MAKE A NOISE?                   |                    | ✓   |    |         |
| FLUTTER OR WOBBLE?              |                    |     | ✓  |         |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

*looking for UFO*

A. HOW DID IT FINALLY DISAPPEAR?

*faded out like shutting off  
a lamp*

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?  
☐ YES ☒ NO. IF "YES," DESCRIBE.



13. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



15. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.



|  |  |
|--|--|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.   |  |
| <input checked="" type="checkbox"/> EYEGLASSES   | <input type="checkbox"/> CAMERA VIEWER   |
| <input type="checkbox"/> SUNGLASSES  | <input type="checkbox"/> BINOCULARS  |
| <input type="checkbox"/> WINDSHIELD  | <input type="checkbox"/> TELESCOPE   |
| <input type="checkbox"/> SIDE WINDOW OF VEHICLE  | <input type="checkbox"/> THEODOLITE  |
| <input type="checkbox"/> WINDOWPANE  | <input type="checkbox"/> OTHER   |
| A. DO YOU ORDINARILY WEAR GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   | B. DO YOU USE READING GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO       |
| 18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>25 MPH</u>  | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>2 miles</u> |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW. |  |
| 21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE.<br><br><u>humming</u>  |  |
| A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.  |  |



|  |                  |  |                                 |
|--|------------------|--|---------------------------------|
| 22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," GIVE DATE AND LOCATION.<br><i>since July 24th every day</i>                       |                  |  |                                 |
| 23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DID THEY SEE IT TOO?<br><input type="checkbox"/> YES <input type="checkbox"/> NO. |                  |  |                                 |
| A. LIST THEIR NAMES AND ADDRESSES<br><div style="background-color: black; height: 40px; width: 100%;"></div>   |                  |  |                                 |
| 24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF  |                  |  |                                 |
| LAST NAME FIRST NAME MIDDLE NAME<br><div style="background-color: black; height: 20px; width: 100%;"></div>  |                  |  |                                 |
| ADDRESS<br><div style="background-color: black; height: 20px; width: 100%;"></div>   |                  |  |                                 |
| TELEPHONE<br><div style="background-color: black; height: 20px; width: 100%;"></div>   | AGE<br><i>15</i> | <input checked="" type="checkbox"/> MALE | <input type="checkbox"/> FEMALE |
| INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.<br><div style="height: 300px;"></div>  |                  |  |                                 |
| 25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?<br>NAME _____ DAY _____ MONTH _____ YEAR _____   |                  |  |                                 |
| 26. DATE YOU COMPLETED THIS QUESTIONNAIRE.<br>DAY _____ MONTH _____ YEAR _____   |                  |  |                                 |



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)  
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



5 AUG 1968

REPLY TO  
ATTN OF: TDPT (UFO)

SUBJECT: UFO Observation, 25 Jul 68

TO: [REDACTED]

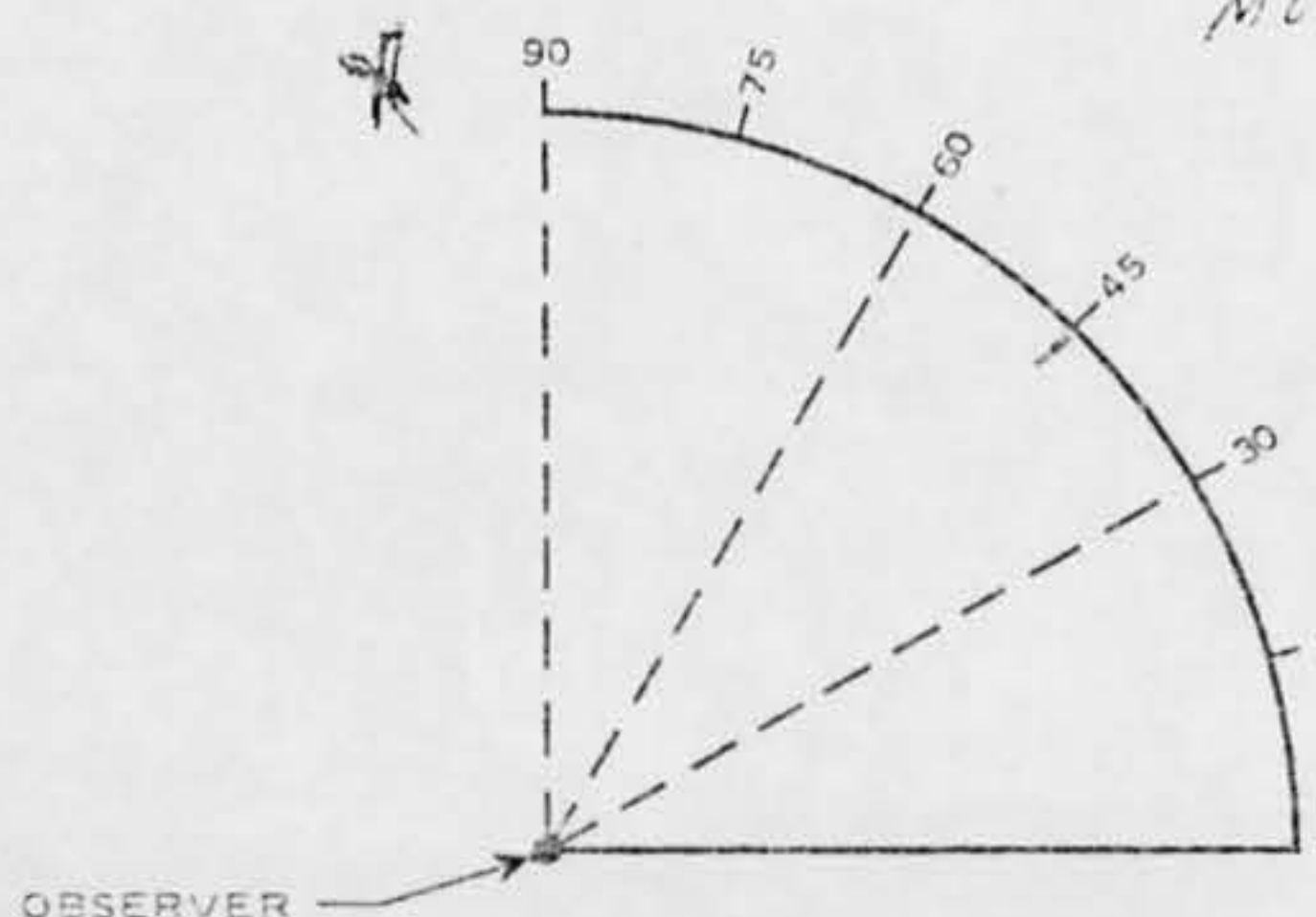
New York, New York 10001

Your name has been given to the Aerial Phenomena Office (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 25 Jul 68 would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

HECTOR QUINTANILLA, Jr, Lt Colonel, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

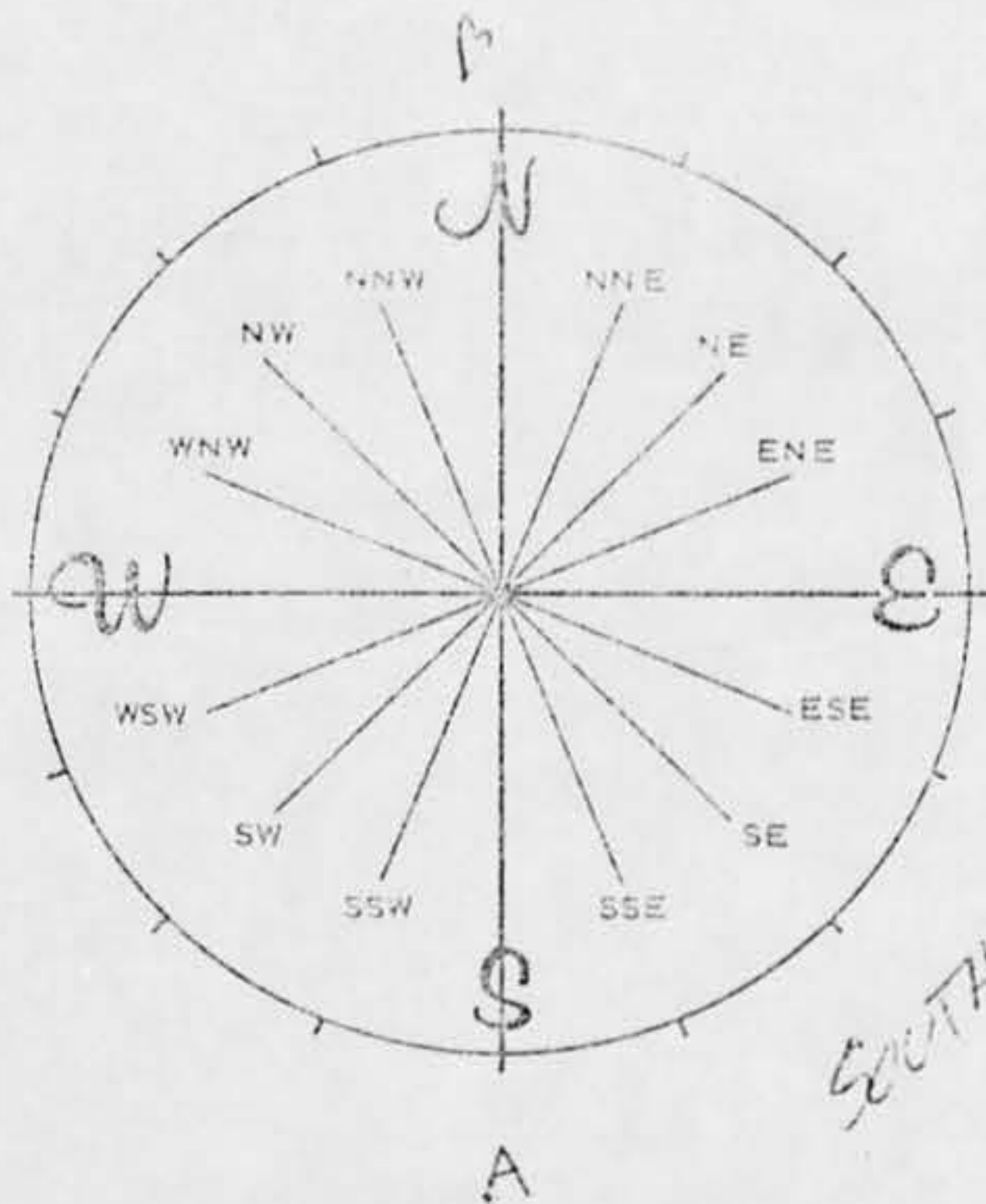
1 Atch  
AF Form 117 w/envelope



| SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE   |  | BUDGET BUREAU APPROVAL<br>NUMBER 21-R258 |
|--|--|--|
| THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, 1AW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.) |  |  |
| 1. WHEN DID YOU SEE THE PHENOMENON?<br>DAY <u>8 Aug</u> MONTH <u>Aug</u> YEAR <u>63</u>  |  |  |
| 2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?<br><u>EASTON ZONE (DAYLIGHT SAVINGS)</u> HOUR <u>9:45</u> MINUTES <u>10 9:55</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.   |  |  |
| 3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?<br>HOUR <u>9</u> MINUTES <u>55</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.  |  |  |
| 4. TIME ZONE <input checked="" type="checkbox"/> DAYLIGHT SAVINGS <input type="checkbox"/> STANDARD<br><input checked="" type="checkbox"/> EASTERN <input type="checkbox"/> CENTRAL <input type="checkbox"/> MOUNTAIN <input type="checkbox"/> PACIFIC <input type="checkbox"/> OTHER  |  |  |
| 5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.<br><br><u>CORNER OF [REDACTED] ST. BROOKLYN N.Y.</u><br><br><u>LOOKING SOUTH</u>   |  |  |
| 6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.<br><br><div style="text-align: right;"><u>MOVING SOUTH</u></div>    |  |  |

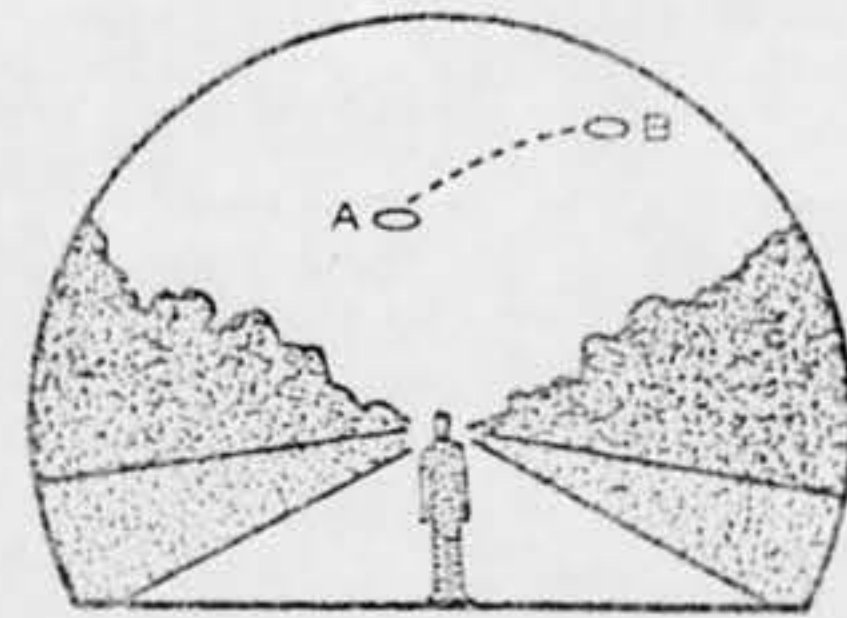
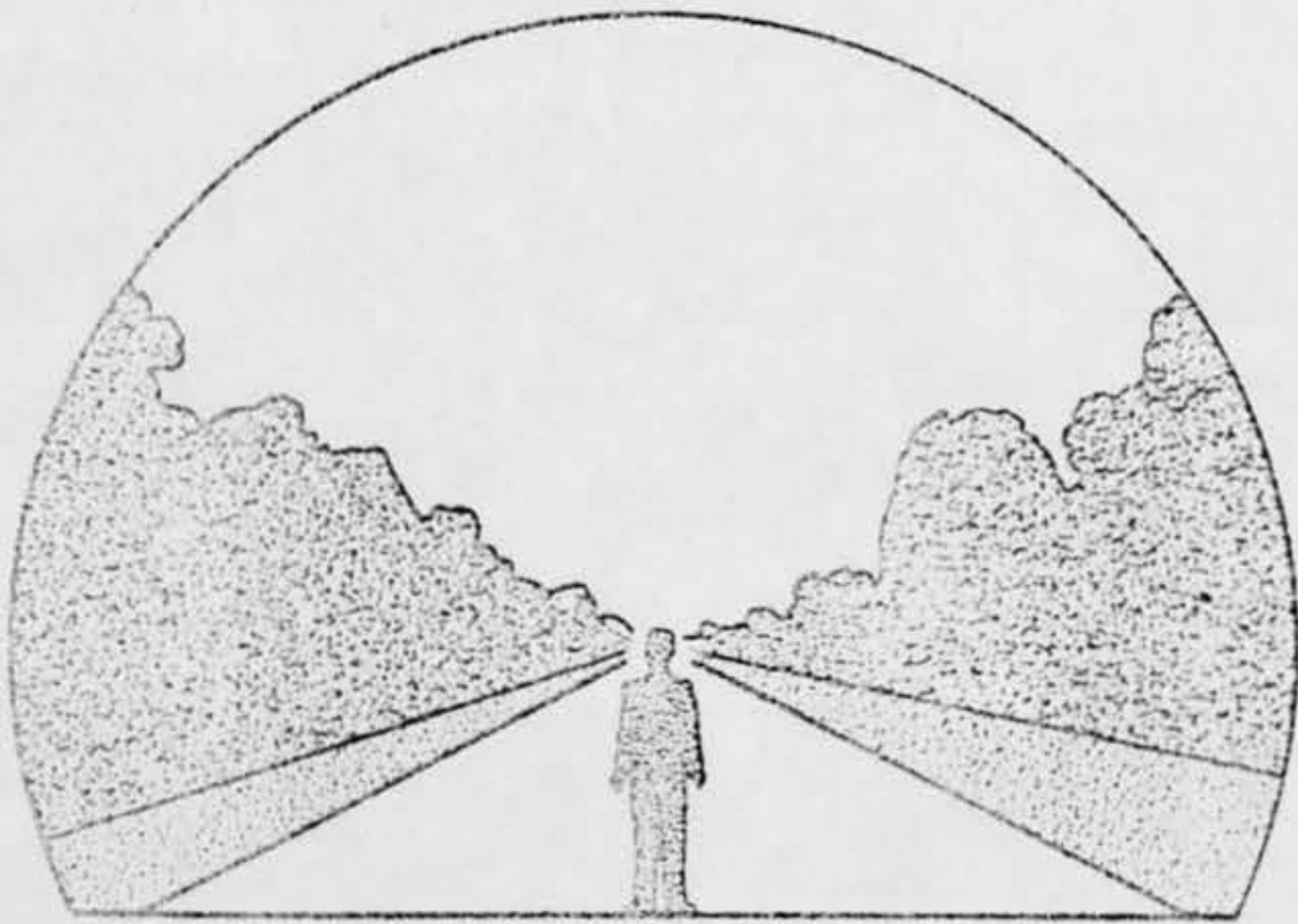


6. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



*SOUTH TO  
NORTH*

7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





| B. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)   |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> OUTDOORS   |  |  |  |
| <input type="checkbox"/> IN BUILDING   | <input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY |  |  |
| <input type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER   | <input type="checkbox"/> IN OPEN COUNTRYSIDE                       |  |  |
| <input type="checkbox"/> IN BOAT   | <input type="checkbox"/> NEAR AIRFIELD                             |  |  |
| <input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER   | <input type="checkbox"/> FLYING OVER CITY                          |  |  |
| <input type="checkbox"/> OTHER   | <input type="checkbox"/> FLYING OVER OPEN COUNTRY                  |  |  |
|  | <input type="checkbox"/> OTHER                                     |  |  |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING: <i>N/A</i>  |  |  |  |
| WHAT DIRECTION WERE YOU MOVING?  |  | HOW FAST WERE YOU MOVING?  |  |
| <input type="checkbox"/> NORTH   | <input type="checkbox"/> EAST                                      | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| <input type="checkbox"/> SOUTH   | <input type="checkbox"/> WEST                                      |  |  |
| <input type="checkbox"/> NORTHEAST   | <input type="checkbox"/> SOUTHEAST                                 |  |  |
| <input type="checkbox"/> NORTHWEST   | <input type="checkbox"/> SOUTHWEST                                 |  |  |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.  |  |  |  |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.<br><i>N/A</i>   |  |  |  |
| HOW MUCH OTHER TRAFFIC WAS THERE?<br><i>N/A</i>  |  |  |  |
| DID YOU NOTICE ANY AIRPLANES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.<br>"AN AIRPLANE FLEW RIGHT OVER IT"<br>"OBJECT FLEW UNDER AIRPLANE" |  |  |  |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT?   |  |  |  |
| LENGTH OF TIME   | <input checked="" type="checkbox"/> CERTAIN OF TIME                | <input type="checkbox"/> NOT VERY SURE   |  |
| <i>10 MINUTES</i>  | <input type="checkbox"/> FAIRLY CERTAIN                            | <input type="checkbox"/> JUST A GUESS  |  |
| HOW WAS TIME DETERMINED?   |  |  |  |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.   |  |  |  |



As such, these objects do not constitute a threat to the security of the United States. We hope that the inclosed brochure on the Air Force program, Project Blue Book, may be of interest to you.

*(H)*  
SECTOR QUINMANILLA, Jr, Lt Colonel, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

- 5 Atch  
1. 2 BW Polaroid Prints  
D807741 (6&8)  
2. 3 Color Kodak Safety Film  
Negatives (6,7,8)  
3. AF Form 117 w/envelope  
4. Photo Data Sheet  
5. Blue Book

Cy to: USAF (SAFOICC)



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

*only one*

| 11. CONDITIONS (Check appropriate blocks.)   |  |  |   |
|--|--|--|---|
| A. SKY                                       |  | B. WEATHER   |   |
| <input type="checkbox"/> DAY                 |  | <input type="checkbox"/> CUMULUS CLOUDS (low fluffy)                 | <input type="checkbox"/> FOG OR MIST                  |
| <input type="checkbox"/> TWILIGHT            |  | <input type="checkbox"/> CIRRUS CLOUDS (high fleecy or Herring-bone) | <input type="checkbox"/> HEAVY RAIN                   |
| <input checked="" type="checkbox"/> NIGHT    |  | <input type="checkbox"/> NIMBUS CLOUDS (Rain)                        | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE        |
| <input checked="" type="checkbox"/> CLEAR    |  | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)         | <input type="checkbox"/> HAIL                         |
| <input type="checkbox"/> PARTLY CLOUDY       |  |  | <input type="checkbox"/> SNOW OR SLEET                |
| <input type="checkbox"/> COMPLETELY OVERCAST |  |  | <input type="checkbox"/> UNKNOWN                      |
|  |  | <input type="checkbox"/> HAZE OR SMOG                                | <input checked="" type="checkbox"/> NONE OF THE ABOVE |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS                                | (2) MOON   |
|--|--|
| <input type="checkbox"/> NONE            | <input checked="" type="checkbox"/> BRIGHT MOONLIGHT <i>FULL</i> |
| <input type="checkbox"/> A FEW           | <input type="checkbox"/> MOON WITH HALO                          |
| <input checked="" type="checkbox"/> MANY | <input type="checkbox"/> MOON HIDDEN BY CLOUDS                   |
| <input type="checkbox"/> UNKNOWN         | <input type="checkbox"/> PARTIAL (New or quarter)                |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON? *N/A*

|  |  |   |
|--|--|---|
| <input type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU  | <input type="checkbox"/> TO YOUR LEFT  | <input type="checkbox"/> UNKNOWN              |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

*STREET LAMPS (ABOUT 100 FT.)*

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

- A. LIGHT (BRIGHTER THAN STARS)
- B. SELF-LUMINOUS
- C. TURNED FROM WHITE TO YELLOW THEN FROM RED TO BLUE
- D. SOLID
- E. SHARP
- F. OVAL WITH WING-LIKE PROTRUSION ON TOP
- G. LOOKED LIKE A STREET LAMP BECAUSE IT WAS OVAL SHAPED



| 13.                             | DID THE PHENOMENON          | YES                                 | NO                                  | UNKNOWN |
|---------------------------------|-----------------------------|-------------------------------------|-------------------------------------|---------|
| MOVE IN A STRAIGHT LINE?        |                             |                                     | <input checked="" type="checkbox"/> |         |
| STAND STILL AT ANYTIME?         |                             | <input checked="" type="checkbox"/> |                                     |         |
| SUDDENLY SPEED UP AND RUN AWAY? |                             |                                     | <input checked="" type="checkbox"/> |         |
| BREAK UP IN PARTS AND EXPLODE?  |                             |                                     | <input checked="" type="checkbox"/> |         |
| CHANGE COLOR?                   |                             | <input checked="" type="checkbox"/> |                                     |         |
| GIVE OFF SMOKE?                 |                             |                                     | <input checked="" type="checkbox"/> |         |
| CHANGE BRIGHTNESS?              |                             |                                     | <input checked="" type="checkbox"/> |         |
| CHANGE SHAPE?                   |                             |                                     | <input checked="" type="checkbox"/> |         |
| FLASH OR FLICKER?               |                             |                                     | <input checked="" type="checkbox"/> |         |
| DISAPPEAR AND REAPPEAR?         | ONCE FOR LESS THAN A MINUTE | <input checked="" type="checkbox"/> |                                     |         |
| SPIN LIKE A TOP?                |                             |                                     | <input checked="" type="checkbox"/> |         |
| MAKE A NOISE?                   | FAINT HUM                   | <input checked="" type="checkbox"/> |                                     |         |
| FLUTTER OR WOBBLE?              |                             |                                     | <input checked="" type="checkbox"/> |         |

## 14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

Looking up in sky because ~~to name~~ they saw  
it last night and they thought they  
might see it again

## A. HOW DID IT FINALLY DISAPPEAR?

moving and went out as when  
you shut off a light

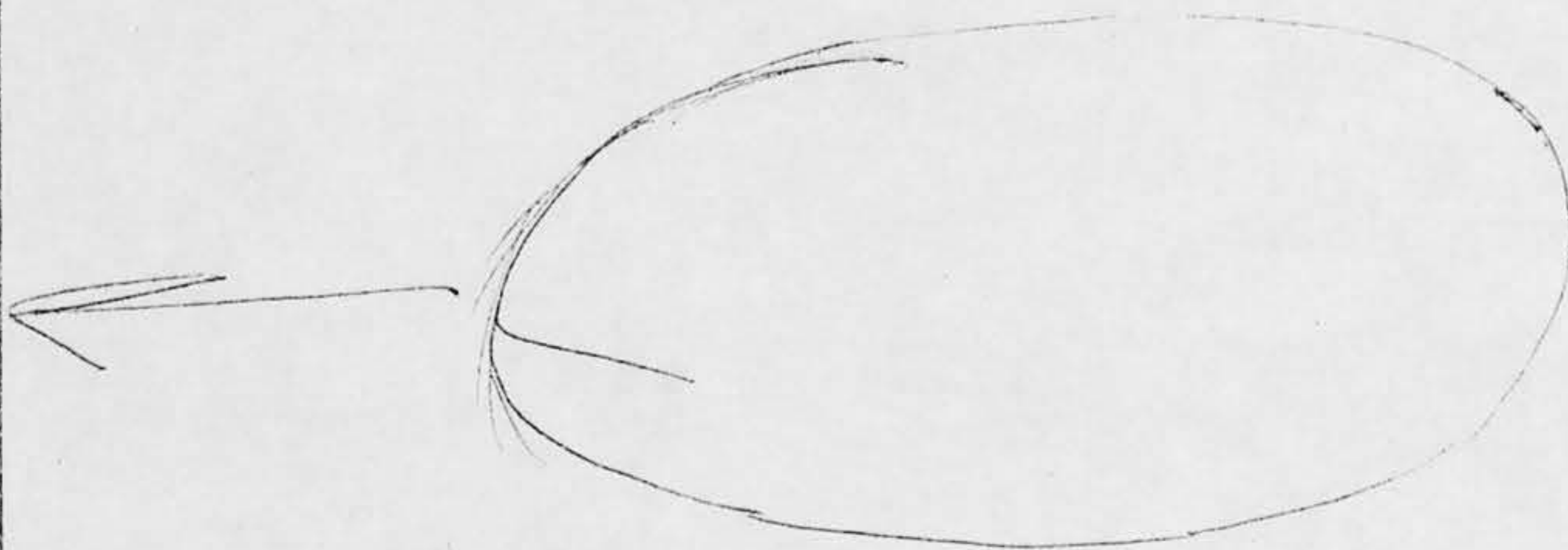
B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?  
☐ YES ☒ NO. IF "YES," DESCRIBE.

Seemed to fly under plane - it did  
obscure part of the plane.

Also flew behind a part of a  
building.



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

$\frac{3}{4}$   
could still see part



|  |  |
|--|--|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.   |  |
| EYEGLASSES <i>YES</i>  | CAMERA VIEWER <i>AC</i>  |
| SUNGLASSES <i>NO</i>   | BINOCULARS <i>YES/ 7X35 TASC</i>   |
| WINDSHIELD <i>NO</i>   | TELESCOPE <i>NO</i>  |
| SIDE WINDOW OF VEHICLE <i>NO</i>   | THEODOLITE <i>NO</i>   |
| WINDOWPANE <i>NO</i>   | OTHER <i>NO</i>  |
| A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO  | B. DO YOU USE READING GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <i>112 MPH</i>   | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE _____    |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW. |  |
| <p><i>Street light with the wing on top.</i><br/> <i>(Oral street lamp - <sup>new</sup> type that are on</i><br/> <i>expressways - (mercury vapor type)</i></p>  |  |
| 21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.  |  |
| <p><i>- NOISE - HUM</i><br/> <i>- STATIC ON TELEVISION IN AREA</i></p>   |  |
| A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.  |  |

C-101 WAS OBSERVED PLACED THAT WAS APPROX 1/4  
 APPROACH TO REMOVED AIRPORT (DID-25 MILES AWAY)



22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☒ YES ☐ NO. IF "YES," GIVE DATE AND LOCATION.

YESTERDAY IN SAME PLACE - AND FOR ABOUT  
TWO WEEKS - EVERY NIGHT

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?  
☒ YES ☐ NO. 4 PEOPLE IN ALL

A. LIST THEIR NAMES AND ADDRESSES

1. [REDACTED], BROOKLYN, N.Y.
2. [REDACTED] 46TH ST. BROOKLYN
3. [REDACTED] 46TH ST

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME

ADDRESS (Street, City, State and Zip Code)

20  
BROOKLYN, N.Y.

TELEPHONE (Area Code)

AGE

15

☒ MALE

☐ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME \_\_\_\_\_ DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_



27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE, ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.


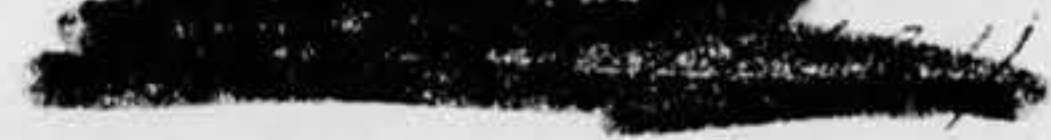
- 1 They've been seeing it since JULY 24th.
2. Have a picture. TO (TDP/1050)

A He will send it in however  
he would like it returned.

---

3. I told him not to call again  
if unless he sees something  
different
- 
- 

- If you call him 0900-1200 daily  
is best.

REPORT TAKEN BY   


PAGE 9 OF 9 PAGES



# SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-2153

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 7 MONTH 8 YEAR 68

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 21<sup>st</sup> MINUTES 30 ☐ A.M. ☐ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR \_\_\_\_\_ MINUTES \_\_\_\_\_ ☐ A.M. ☐ P.M.

4. TIME ZONE

☒ DAYLIGHT SAVINGS

☐ STANDARD

☒ EASTERN

☐ CENTRAL

☐ MOUNTAIN

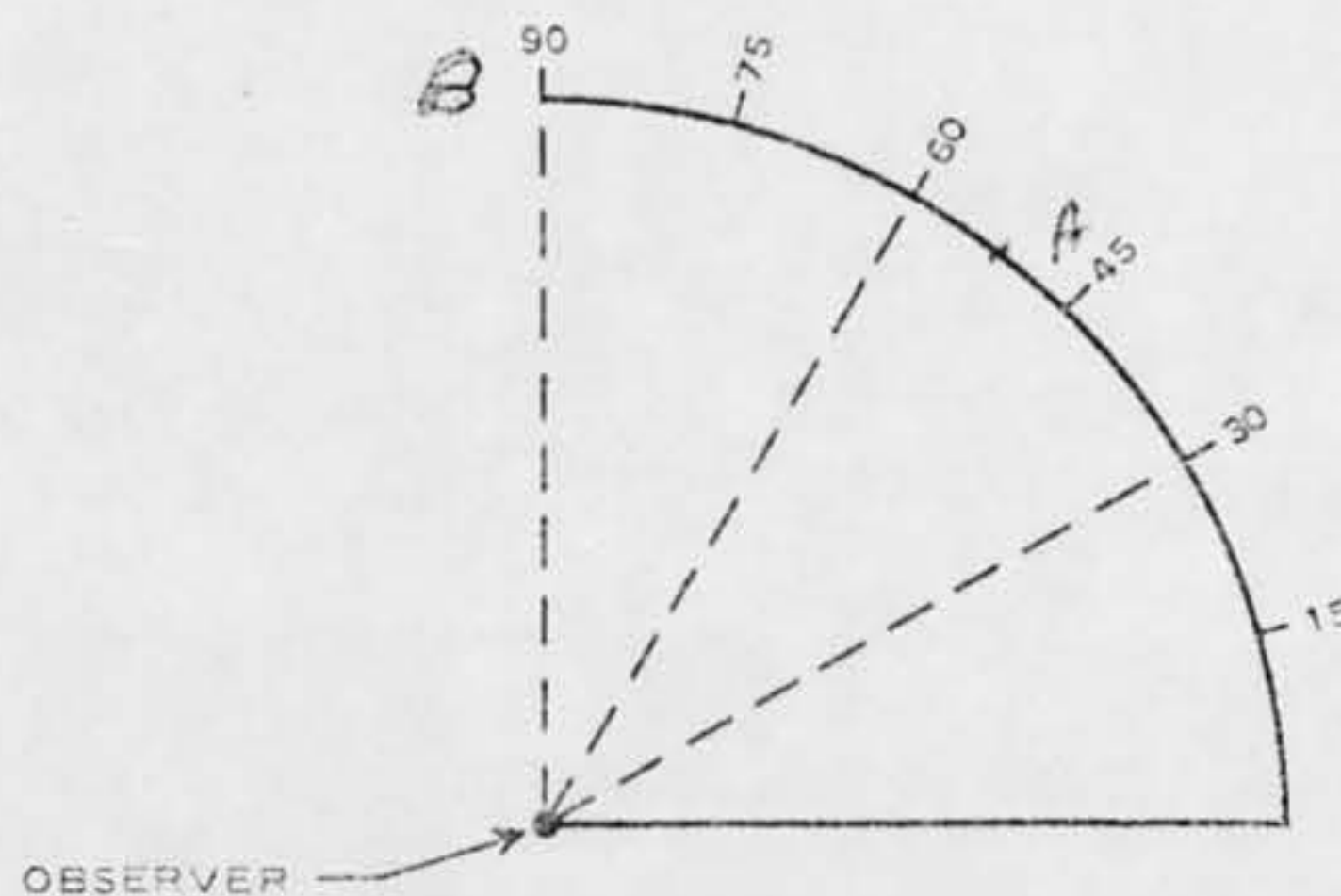
☐ PACIFIC

☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

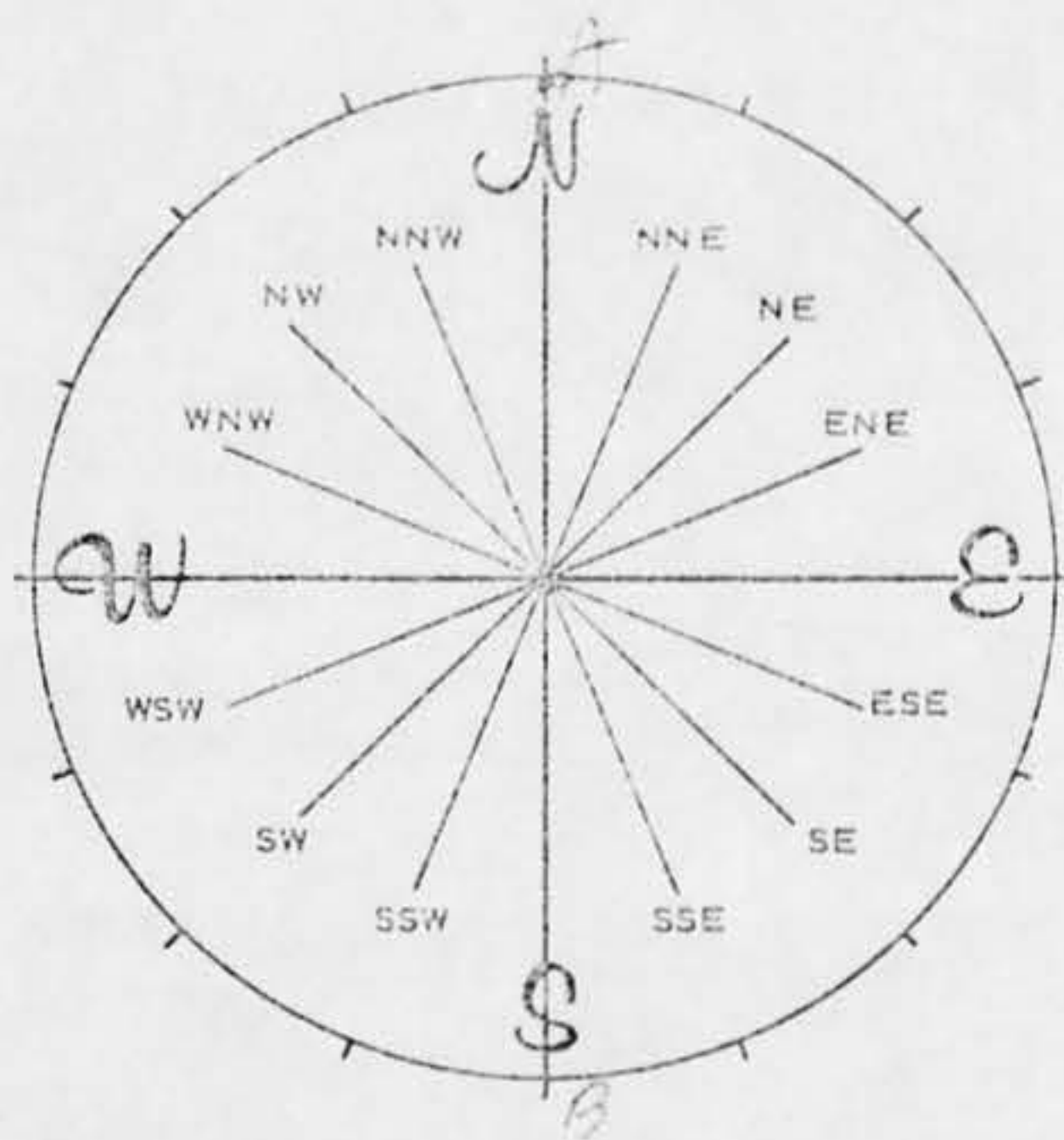
*corner 46<sup>th</sup> street and 7<sup>th</sup> avenue in Brooklyn*

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.

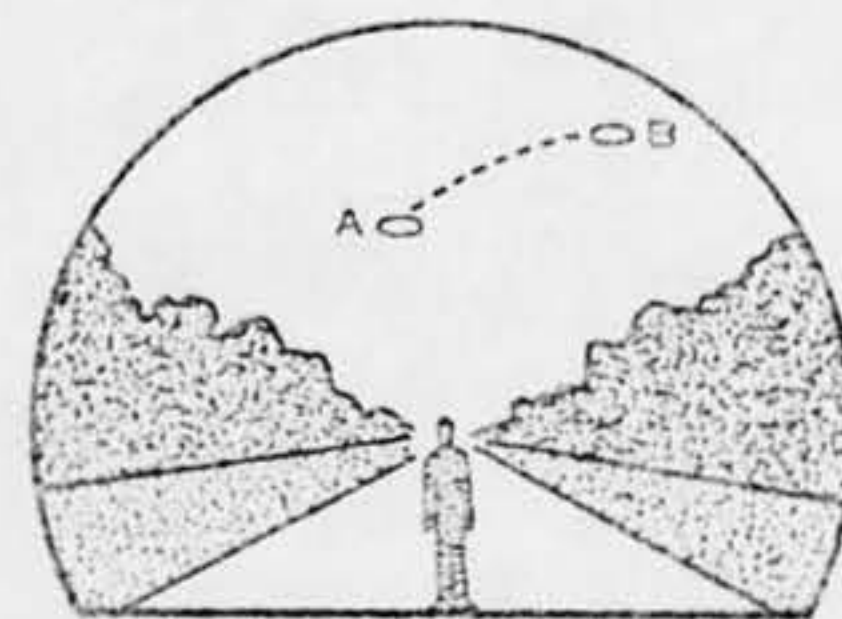
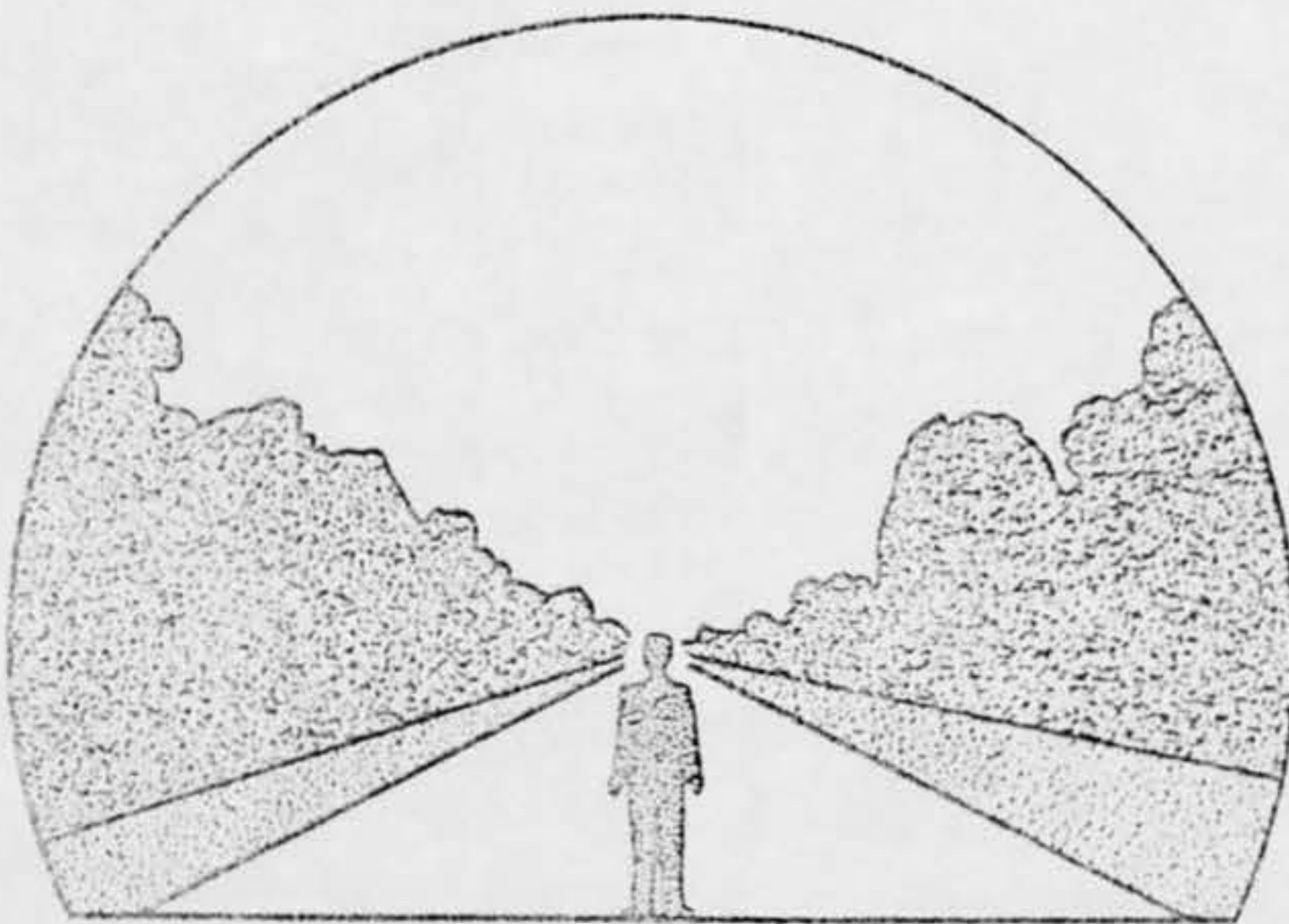




6. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

0A2

11. CONDITIONS (Check appropriate blocks.)

| A. SKY                                       |  | B. WEATHER   |  |
|--|--|--|--|
| <input type="checkbox"/> DAY                 |  | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)                 | <input type="checkbox"/> FOG OR MIST           |
| <input type="checkbox"/> TWILIGHT            |  | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone) | <input type="checkbox"/> HEAVY RAIN            |
| <input type="checkbox"/> NIGHT               |  | <input type="checkbox"/> NIMBUS CLOUDS (Rain)                        | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE |
| <input checked="" type="checkbox"/> CLEAR    |  | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)         | <input type="checkbox"/> HAIL                  |
| <input type="checkbox"/> PARTLY CLOUDY       |  |  | <input type="checkbox"/> SNOW OR SLEET         |
| <input type="checkbox"/> COMPLETELY OVERCAST |  |  | <input type="checkbox"/> UNKNOWN               |
|  |  | <input type="checkbox"/> HAZE OR SMOG                                | <input type="checkbox"/> NONE OF THE ABOVE     |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS                                | (2) MOON   |
|--|--|
| <input type="checkbox"/> NONE            | <input checked="" type="checkbox"/> BRIGHT MOONLIGHT |
| <input type="checkbox"/> A FEW           | <input type="checkbox"/> MOON WITH HALO              |
| <input checked="" type="checkbox"/> MANY | <input type="checkbox"/> MOON HIDDEN BY CLOUDS       |
| <input type="checkbox"/> UNKNOWN         | <input type="checkbox"/> PARTIAL (New or quarter)    |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

|  |  |   |
|--|--|---|
| <input type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU  | <input type="checkbox"/> TO YOUR LEFT  | <input type="checkbox"/> UNKNOWN              |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

bright object white solid sharp, oval  
wing shaped object on top of oval



|  |  |  |  |
|--|--|--|--|
| 5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)   |  |  |  |
| OUTDOORS   |  | IN BUSINESS SECTION OF CITY  |  |
| IN BUILDING  |  | IN RESIDENTIAL SECTION OF CITY   |  |
| IN CAR   | <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER | IN OPEN COUNTRYSIDE  |  |
| IN BOAT  |  | NEAR AIRFIELD  |  |
| IN AIRPLANE  | <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER  | FLYING OVER CITY   |  |
| OTHER  |  | FLYING OVER OPEN COUNTRY   |  |
|  |  | OTHER  |  |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:   |  |  |  |
| WHAT DIRECTION WERE YOU MOVING?  |  | HOW FAST WERE YOU MOVING?  |  |
| NORTH  | EAST   | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| SOUTH  | WEST   |  |  |
| NORTHEAST  | SOUTHEAST  |  |  |
| NORTHWEST  | SOUTHWEST  |  |  |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.<br><i>N/A</i>  |  |  |  |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.<br><i>N/A</i>   |  |  |  |
| HOW MUCH OTHER TRAFFIC WAS THERE? <i>N/A</i>   |  |  |  |
| DID YOU NOTICE ANY AIRPLANES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.<br><i>one aircraft under phenomenon</i> |  |  |  |
| B. HOW LONG WAS THE PHENOMENON IN SIGHT?   |  |  |  |
| LENGTH OF TIME   | <i>5 min</i>   | <input checked="" type="checkbox"/> CERTAIN OF TIME  | <input type="checkbox"/> NOT VERY SURE |
|  |  | <input type="checkbox"/> FAIRLY CERTAIN  | <input type="checkbox"/> JUST A GUESS  |
| HOW WAS TIME DETERMINED? <i>watch</i>  |  |  |  |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.                   |  |  |  |



camera is a Brownie  
maker is Eastman Kodak  
film is 127 Kodak film  
lens is Dabson lens  
no filter  
no tripod or solid stand  
camera <sup>pointing</sup> northwest  
distance from object 500 ft.



| 13  | DID THE PHENOMENON  | YES                                 | NO                                  | UNKNOWN |
|-----|---|-------------------------------------|-------------------------------------|---------|
|     | MOVE IN A STRAIGHT LINE?  |                                     | <input checked="" type="checkbox"/> |         |
|     | STAND STILL AT ANYTIME?   | <input checked="" type="checkbox"/> |                                     |         |
|     | SUDDENLY SPEED UP AND RUN AWAY?   |                                     | <input checked="" type="checkbox"/> |         |
|     | BREAK UP IN PARTS AND EXPLODE?  |                                     | <input checked="" type="checkbox"/> |         |
|     | CHANGE COLOR?   |                                     | <input checked="" type="checkbox"/> |         |
|     | GIVE OFF SMOKE?   |                                     | <input checked="" type="checkbox"/> |         |
|     | CHANGE BRIGHTNESS?  |                                     | <input checked="" type="checkbox"/> |         |
|     | CHANGE SHAPE?   |                                     | <input checked="" type="checkbox"/> |         |
|     | FLASH OR FLICKER?   |                                     | <input checked="" type="checkbox"/> |         |
|     | DISAPPEAR AND REAPPEAR?   | <input checked="" type="checkbox"/> |                                     |         |
|     | SPIN LIKE A TOP?  |                                     | <input checked="" type="checkbox"/> |         |
|     | MAKE A NOISE?   |                                     | <input checked="" type="checkbox"/> |         |
|     | FLUTTER OR WOBBLE?  |                                     | <input checked="" type="checkbox"/> |         |
| 14. | WHAT DREW YOUR ATTENTION TO THE PHENOMENON?   |                                     |                                     |         |
|     | <i>looking at stars then saw object then blinked.</i>   |                                     |                                     |         |
| A.  | HOW DID IT FINALLY DISAPPEAR?   |                                     |                                     |         |
|     | <i>just went out instantly</i>  |                                     |                                     |         |
| B.  | DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME? |                                     |                                     |         |
|     | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.              |                                     |                                     |         |



22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☒ YES ☐ NO. IF "YES," GIVE DATE AND LOCATION.

*every nite past two weeks*

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?

A. LIST THEIR NAMES

1. *[REDACTED]* *Brooklyn*  
 2. *[REDACTED]* *Brooklyn*  
 3. *[REDACTED]* *Brooklyn*

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME

ADDRESS (Street, City, State and Zip Code)

*Brooklyn N.Y. 1120*

TELEPHONE

AGE

*15*

☒ MALE

☐ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

*High school & grammar school students  
 ages from 10 to 15*

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME *[REDACTED]* DAY *7* MONTH *8* YEAR *68*

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY *7* MONTH *8* YEAR *68*



17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

|                        |                                     |                 |
|------------------------|-------------------------------------|-----------------|
| EYEGLASSES             |                                     | CAMERA VIEWER   |
| SUNGLASSES             | <input checked="" type="checkbox"/> | BINOCULARS 7x35 |
| WINDSHIELD             |                                     | TELESCOPE       |
| SIDE WINDOW OF VEHICLE |                                     | THEODOLITE      |
| WINDOWPANE             |                                     | OTHER           |

A. DO YOU ORDINARILY WEAR GLASSES? ☒ YES ☐ NO

B. DO YOU USE READING GLASSES? ☐ YES ☐ NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED 100 mph?  
slow

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE 5

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

*street lamp with wing on top*

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☐ YES ☒ NO. IF "YES," DESCRIBE.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. ☐ YES ☒ NO. IF "YES," DESCRIBE.



37. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE.  
ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.



|  |                                     |  |                                     |
|--|-------------------------------------|--|-------------------------------------|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.   |                                     |  |                                     |
| EYEGLASSES   | <input checked="" type="checkbox"/> | CAMERA VIEWER  | <input checked="" type="checkbox"/> |
| SUNGLASSES   | <input checked="" type="checkbox"/> | BINOCULARS   | <input checked="" type="checkbox"/> |
| WINDSHIELD   | <input type="checkbox"/>            | TELESCOPE  | <input type="checkbox"/>            |
| SIDE WINDOW OF VEHICLE   | <input type="checkbox"/>            | THEODOLITE   | <input type="checkbox"/>            |
| WINDOWPANE   | <input type="checkbox"/>            | OTHER  | <input type="checkbox"/>            |
| A. DO YOU ORDINARILY WEAR GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |                                     | B. DO YOU USE READING GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                     |                                     |
| 18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED. <u>100 MPH</u>  |                                     | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE. <u>Slower than airplane</u> |                                     |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW. |                                     |  |                                     |
| 21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE.  |                                     |  |                                     |
| A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.  |                                     |  |                                     |



22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☒ YES ☐ NO. IF "YES," GIVE DATE AND LOCATION. since July 24 every night. Same location

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO? ☐ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES

[REDACTED], Brooklyn, NY

[REDACTED]

[REDACTED]

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]

ADDRESS [REDACTED]

TELEPHONE (Area code and number) [REDACTED] AGE 15 ☒ MALE ☐ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME [REDACTED] DAY 14 MONTH AUG YEAR 1968

26. DATE YOU COMPLETED THIS QUESTIONNAIRE

DAY 14 MONTH Aug YEAR 1968



| 13.                             | DID THE PHENOMENON | YES                                 | NO                                  | UNKNOWN |
|---------------------------------|--------------------|-------------------------------------|-------------------------------------|---------|
| MOVE IN A STRAIGHT LINE?        |                    |                                     | <input checked="" type="checkbox"/> |         |
| STAND STILL AT ANYTIME?         |                    | <input checked="" type="checkbox"/> |                                     |         |
| SUDDENLY SPEED UP AND RUN AWAY? |                    |                                     | <input checked="" type="checkbox"/> |         |
| BREAK UP IN PARTS AND EXPLODE?  |                    |                                     | <input checked="" type="checkbox"/> |         |
| CHANGE COLOR?                   |                    |                                     | <input checked="" type="checkbox"/> |         |
| GIVE OFF SMOKE?                 |                    |                                     | <input checked="" type="checkbox"/> |         |
| CHANGE BRIGHTNESS?              |                    |                                     | <input checked="" type="checkbox"/> |         |
| CHANGE SHAPE?                   |                    |                                     | <input checked="" type="checkbox"/> |         |
| FLASH OR FLICKER?               |                    |                                     | <input checked="" type="checkbox"/> |         |
| DISAPPEAR AND REAPPEAR?         |                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |         |
| SPIN LIKE A TOP?                |                    |                                     | <input checked="" type="checkbox"/> |         |
| MAKE A NOISE?                   |                    |                                     | <input checked="" type="checkbox"/> |         |
| FLUTTER OR WOBBLE?              |                    |                                     | <input checked="" type="checkbox"/> |         |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

*looking for a UFO they had seen previously*

A. HOW DID IT FINALLY DISAPPEAR?

*went out like a light*

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?

☒ YES ☐ NO. IF "YES," DESCRIBE.

*moved behind an apartment building*



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.



| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)   |                                    |  |  |
|--|------------------------------------|--|--|
| <input checked="" type="checkbox"/> OUTDOORS   |                                    | <input checked="" type="checkbox"/> IN BUSINESS SECTION OF CITY  |  |
| <input type="checkbox"/> IN BUILDING   |                                    | <input type="checkbox"/> IN RESIDENTIAL SECTION OF CITY  |  |
| <input type="checkbox"/> IN CAR  | <input type="checkbox"/> AS DRIVER | <input type="checkbox"/> AS PASSENGER  | <input type="checkbox"/> IN OPEN COUNTRYSIDE |
| <input type="checkbox"/> IN BOAT   |                                    | <input type="checkbox"/> NEAR AIRFIELD   |  |
| <input type="checkbox"/> IN AIRPLANE   | <input type="checkbox"/> AS PILOT  | <input type="checkbox"/> AS PASSENGER  | <input type="checkbox"/> FLYING OVER CITY    |
| <input type="checkbox"/> OTHER   |                                    | <input type="checkbox"/> FLYING OVER OPEN COUNTRY  |  |
|  |                                    | <input type="checkbox"/> OTHER   |  |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:   |                                    |  |  |
| WHAT DIRECTION WERE YOU MOVING?  |                                    | HOW FAST WERE YOU MOVING?  |  |
| <input type="checkbox"/> NORTH   | <input type="checkbox"/> EAST      | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| <input type="checkbox"/> SOUTH   | <input type="checkbox"/> WEST      |  |  |
| <input type="checkbox"/> NORTHEAST   | <input type="checkbox"/> SOUTHEAST |  |  |
| <input type="checkbox"/> NORTHWEST   | <input type="checkbox"/> SOUTHWEST |  |  |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.  |                                    |  |  |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.   |                                    |  |  |
| HOW MUCH OTHER TRAFFIC WAS THERE?  |                                    |  |  |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.                                  |                                    |  |  |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT?   |                                    |  |  |
| LENGTH OF TIME   |                                    | <input checked="" type="checkbox"/> CERTAIN OF TIME  | <input type="checkbox"/> NOT VERY SURE       |
| 10 MIN   |                                    | <input type="checkbox"/> FAIRLY CERTAIN  | <input type="checkbox"/> JUST A GUESS        |
| HOW WAS TIME DETERMINED?<br>Clock in a store window  |                                    |  |  |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. |                                    |  |  |



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

numerous - only one at a time

11. CONDITIONS (Check appropriate blocks.)

| A. SKY                                       |  | B. WEATHER   |  |
|--|--|--|--|
| <input type="checkbox"/> DAY                 |  | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)                 | <input type="checkbox"/> FOG OR MIST           |
| <input type="checkbox"/> TWILIGHT            |  | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone) | <input type="checkbox"/> HEAVY RAIN            |
| <input checked="" type="checkbox"/> NIGHT    |  | <input type="checkbox"/> NIMBUS CLOUDS (Rain)                        | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE |
| <input checked="" type="checkbox"/> CLEAR    |  | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)         | <input type="checkbox"/> HAIL                  |
| <input type="checkbox"/> PARTLY CLOUDY       |  |  | <input type="checkbox"/> SNOW OR SLEET         |
| <input type="checkbox"/> COMPLETELY OVERCAST |  |  | <input type="checkbox"/> UNKNOWN               |
|  |  | <input type="checkbox"/> HAZE OR SMOG                                | <input type="checkbox"/> NONE OF THE ABOVE     |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS                                 | (2) MOON  |
|---|---|
| <input type="checkbox"/> NONE             | <input type="checkbox"/> BRIGHT MOONLIGHT         |
| <input checked="" type="checkbox"/> A FEW | <input checked="" type="checkbox"/> NO MOONLIGHT  |
| <input type="checkbox"/> MANY             | <input type="checkbox"/> MOON WITH HALO           |
| <input type="checkbox"/> UNKNOWN          | <input type="checkbox"/> MOON HIDDEN BY CLOUDS    |
|   | <input type="checkbox"/> PARTIAL (New or quarter) |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☒ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

|  |  |   |
|--|--|---|
| <input type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU  | <input type="checkbox"/> TO YOUR LEFT  | <input type="checkbox"/> UNKNOWN              |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

street lights

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

oval shaped with a wing on top  
brighter than the brightest star



DEPARTMENT OF THE AIR FORCE  
OFFICE OF THE SECRETARY

MEMORANDUM

September 4, 1968

TDPT/UFO:

A Mr. [REDACTED] of New York City called about 3:30 p.m. today.

He claimed that he sent you some alleged UFO pictures about three weeks ago, and now he wants them returned.

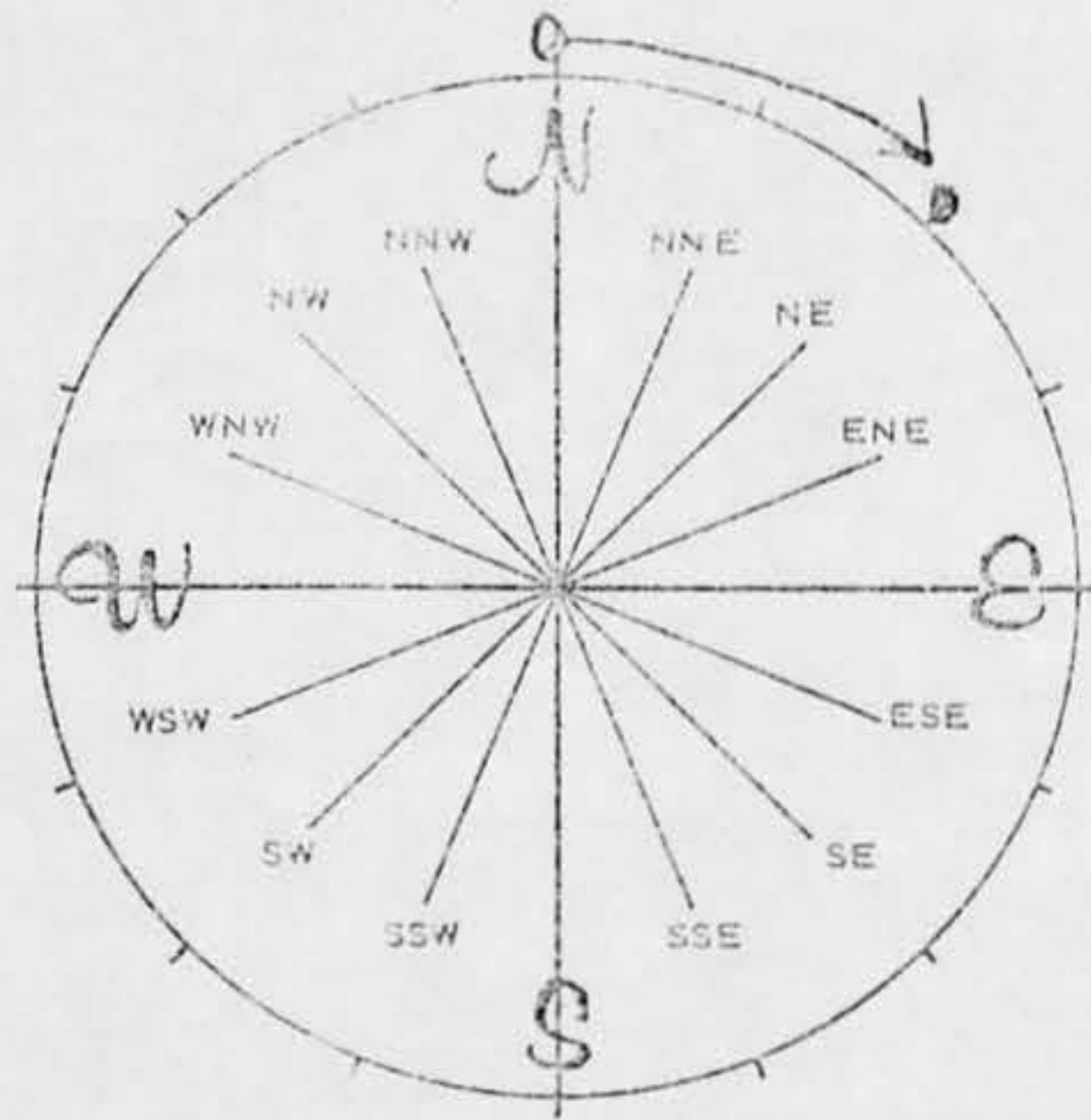
I asked him why he had not called you, and he further claimed that he'd tried, but could not get you.

If you have his pix, suppose you can send them back to him (he sounded all shook, but about what I haven't the foggiest).

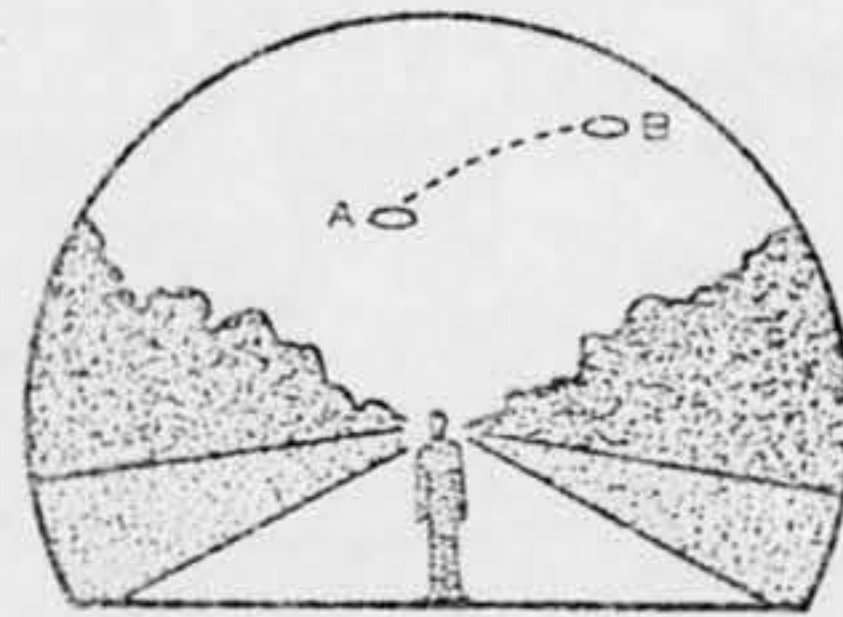
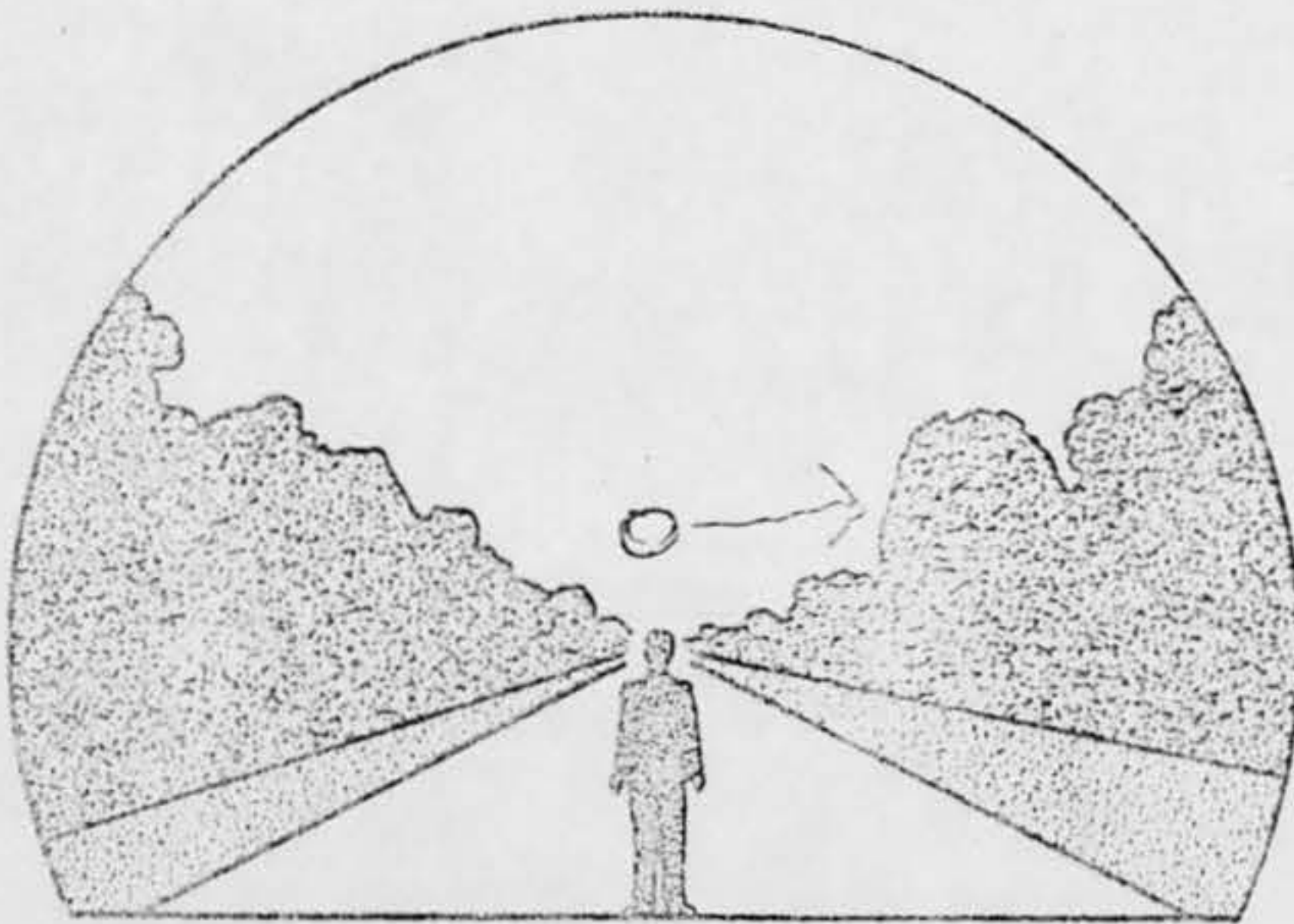
Jo T.



6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





*Duty Off Lt Col [illegible] 15 Aug 68*

AFR 80-17(C1)

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R258

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 14 MONTH AUG YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 2100 MINUTES \_\_\_\_\_ ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 2110 MINUTES \_\_\_\_\_ ☐ A.M. ☐ P.M.

4. TIME ZONE

☒ DAYLIGHT SAVINGS

☐ STANDARD

☒ EASTERN

☐ CENTRAL

☐ MOUNTAIN

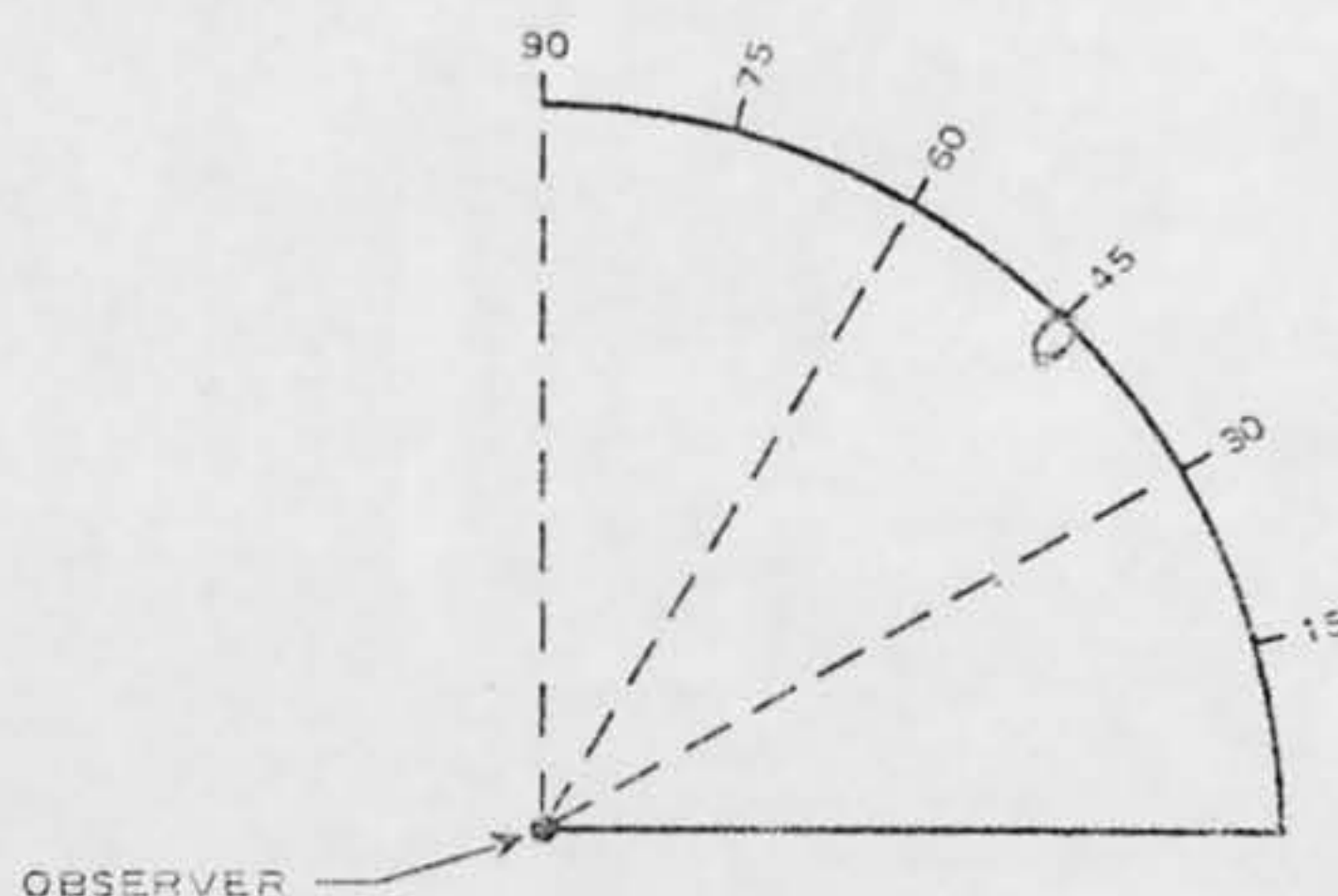
☐ PACIFIC

☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND GIVE A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

*Corner [redacted] Avenue.*

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



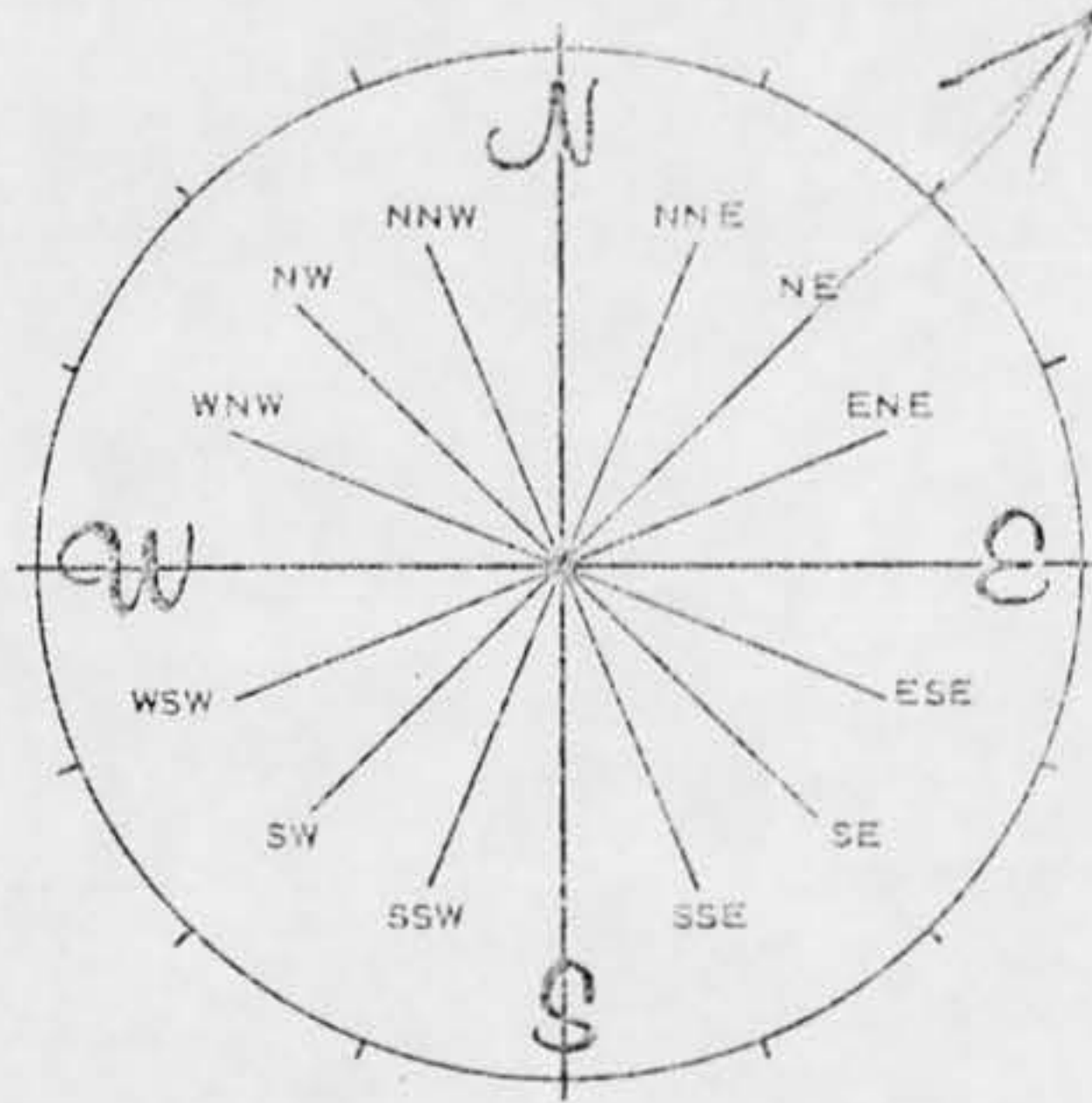


27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE, ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

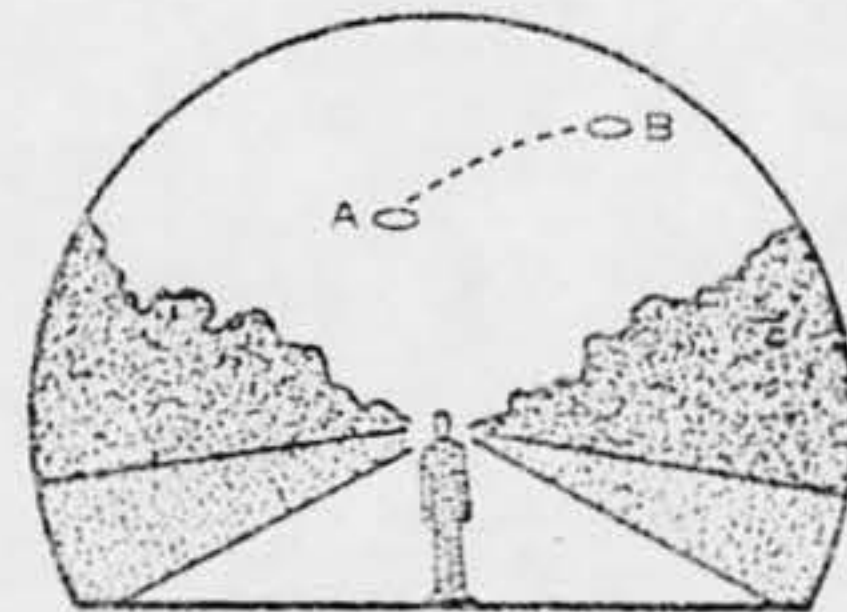
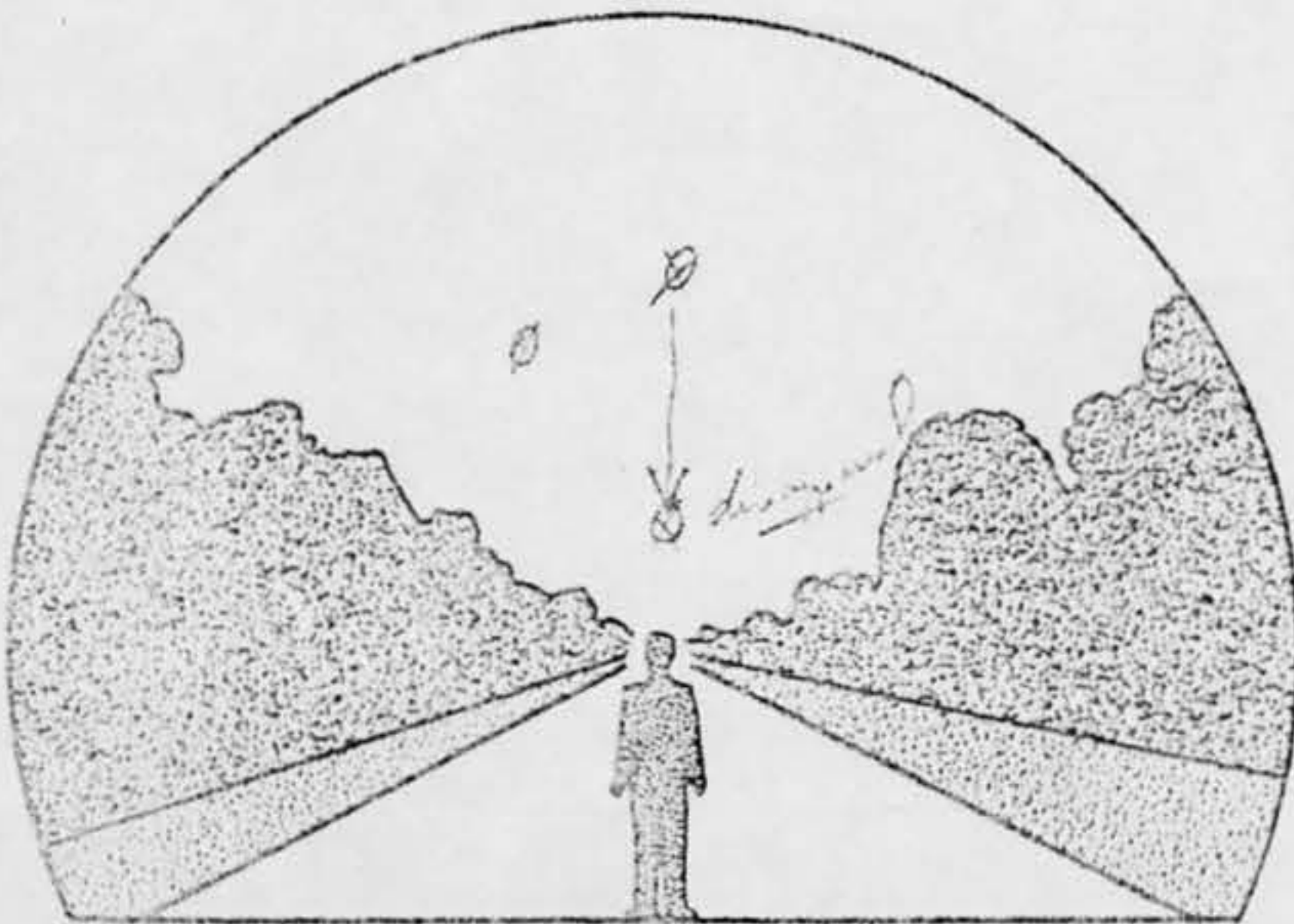
personnel stay still when aircraft  
approached under it.



6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





*Duty Off XPR*

AFR 80-17(C1)

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-E258

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 13 MONTH Aug YEAR 1962

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 2110 MINUTES 00 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 2110 MINUTES 00 ☐ A.M. ☐ P.M.

4. TIME ZONE

☐ DAYLIGHT SAVINGS

☐ STANDARD

☒ EASTERN

☐ CENTRAL

☐ MOUNTAIN

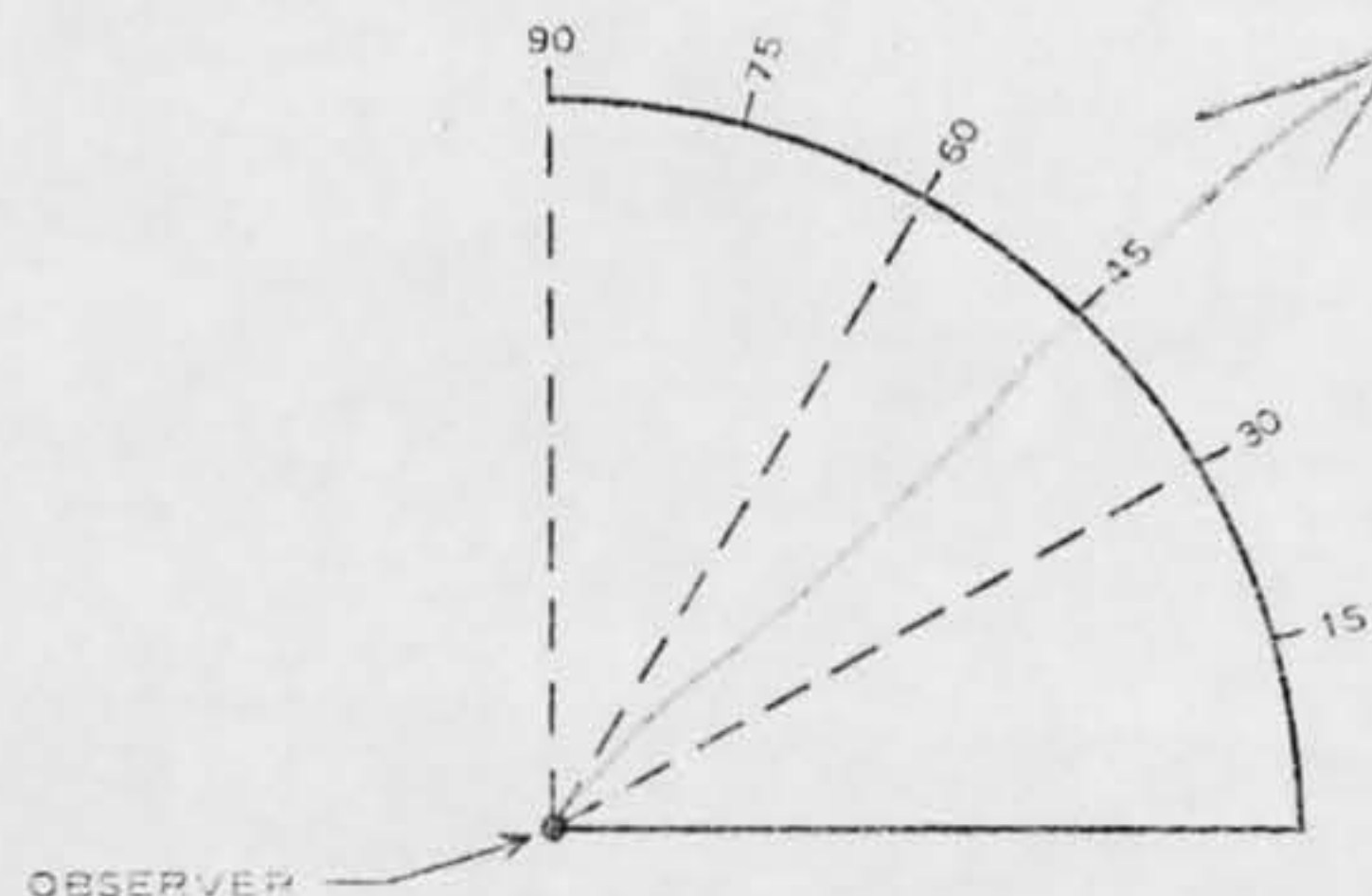
☐ PACIFIC

☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

AVE Stuy  
BROOKLYN, NY

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.





10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

Two objects seen

11. CONDITIONS (Check appropriate blocks.)

| A. SKY                                       |  | B. WEATHER   |  |
|--|--|--|--|
| <input type="checkbox"/> DAY                 |  | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)                 | <input type="checkbox"/> FOG OR MIST           |
| <input type="checkbox"/> TWILIGHT            |  | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone) | <input type="checkbox"/> HEAVY RAIN            |
| <input type="checkbox"/> NIGHT               |  |  | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE |
| <input checked="" type="checkbox"/> CLEAR    |  | <input type="checkbox"/> NIMBUS CLOUDS (Rain)                        | <input type="checkbox"/> HAIL                  |
| <input type="checkbox"/> PARTLY CLOUDY       |  | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)         | <input type="checkbox"/> SNOW OR SLEET         |
| <input type="checkbox"/> COMPLETELY OVERCAST |  |  | <input type="checkbox"/> UNKNOWN               |
|  |  | <input type="checkbox"/> HAZE OR SMOG                                | <input type="checkbox"/> NONE OF THE ABOVE     |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS                                 | (2) MOON  |
|---|---|
| <input type="checkbox"/> NONE             | <input type="checkbox"/> BRIGHT MOONLIGHT         |
| <input checked="" type="checkbox"/> A FEW | <input checked="" type="checkbox"/> NO MOONLIGHT  |
| <input type="checkbox"/> MANY             | <input type="checkbox"/> MOON WITH HALO           |
| <input type="checkbox"/> UNKNOWN          | <input type="checkbox"/> MOON HIDDEN BY CLOUDS    |
|   | <input type="checkbox"/> PARTIAL (New or quarter) |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

|  |  |   |
|--|--|---|
| <input type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU  | <input type="checkbox"/> TO YOUR LEFT  | <input type="checkbox"/> UNKNOWN              |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

light

Red + white

oval shaped with wing like protrusion  
out its top



|   |                                    |  |  |
|---|------------------------------------|--|--|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)  |                                    |  |  |
| <input checked="" type="checkbox"/> OUTDOORS  |                                    | <input type="checkbox"/> IN BUSINESS SECTION OF CITY   |  |
| <input type="checkbox"/> IN BUILDING  |                                    | <input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY   |  |
| <input type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER  |                                    | <input type="checkbox"/> IN OPEN COUNTRYSIDE   |  |
| <input type="checkbox"/> IN BOAT  |                                    | <input type="checkbox"/> NEAR AIRFIELD   |  |
| <input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER  |                                    | <input type="checkbox"/> FLYING OVER CITY  |  |
| <input type="checkbox"/> OTHER  |                                    | <input type="checkbox"/> FLYING OVER OPEN COUNTRY  |  |
|   |                                    | <input type="checkbox"/> OTHER   |  |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:  |                                    |  |  |
| WHAT DIRECTION WERE YOU MOVING?   |                                    | HOW FAST WERE YOU MOVING?  |  |
| <input type="checkbox"/> NORTH  | <input type="checkbox"/> EAST      | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| <input type="checkbox"/> SOUTH  | <input type="checkbox"/> WEST      |  |  |
| <input type="checkbox"/> NORTHEAST  | <input type="checkbox"/> SOUTHEAST |  |  |
| <input type="checkbox"/> NORTHWEST  | <input type="checkbox"/> SOUTHWEST |  |  |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.   |                                    |  |  |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.  |                                    |  |  |
| HOW MUCH OTHER TRAFFIC WAS THERE? <i>little</i>   |                                    |  |  |
| DID YOU NOTICE ANY AIRPLANES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.<br><i>It flew under an airplane.</i> |                                    |  |  |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT?  |                                    |  |  |
| LENGTH OF TIME<br><i>10 minutes</i>   |                                    | <input checked="" type="checkbox"/> CERTAIN OF TIME  | <input type="checkbox"/> NOT VERY SURE |
|   |                                    | <input type="checkbox"/> FAIRLY CERTAIN  | <input type="checkbox"/> JUST A GUESS  |
| HOW WAS TIME DETERMINED? <i>Clock in store window</i>   |                                    |  |  |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.                |                                    |  |  |



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.

16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

*match would cover the whole thing*



| 13                              | DID THE PHENOMENON | YES | NO | UNKNOWN |
|---------------------------------|--------------------|-----|----|---------|
| MOVE IN A STRAIGHT LINE?        |                    |     | X  | Zigzag  |
| STAND STILL AT ANYTIME?         |                    | Y   |    |         |
| SUDDENLY SPEED UP AND RUN AWAY? |                    |     | X  |         |
| BREAK UP IN PARTS AND EXPLODE?  |                    |     | X  |         |
| CHANGE COLOR?                   |                    |     | X  |         |
| GIVE OFF SMOKE?                 |                    |     | X  |         |
| CHANGE BRIGHTNESS?              | got brighter       | X   | X  |         |
| CHANGE SHAPE?                   |                    |     | X  |         |
| FLASH OR FLICKER?               |                    |     | X  |         |
| DISAPPEAR AND REAPPEAR?         |                    |     | X  |         |
| SPIN LIKE A TOP?                |                    |     | X  |         |
| MAKE A NOISE?                   |                    |     | X  |         |
| FLUTTER OR WOBBLE?              |                    |     | X  |         |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

Looking for UFO

Have seen it for two weeks

A. HOW DID IT FINALLY DISAPPEAR?

went like a lamp

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?  
☒ YES ☐ NO. IF "YES," DESCRIBE.

behind an apartment building



|  |  |
|--|--|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.   |  |
| <input checked="" type="checkbox"/> EYEGLASSES   | <input type="checkbox"/> CAMERA VIEWER   |
| <input type="checkbox"/> SUNGLASSES  | <input checked="" type="checkbox"/> BINOCULARS <i>TAS 32</i>   |
| <input type="checkbox"/> WINDSHIELD  | <input type="checkbox"/> TELESCOPE   |
| <input type="checkbox"/> SIDE WINDOW OF VEHICLE  | <input type="checkbox"/> THEODOLITE  |
| <input type="checkbox"/> WINDOWPANE  | <input type="checkbox"/> OTHER   |
| A. DO YOU ORDINARILY WEAR GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   | B. DO YOU USE READING GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO       |
| 18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <i>120 MPH</i>   | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <i>3000 ft</i> |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW. |  |
| <i>Looked like a football with a wing on top</i>   |  |
| 21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.  |  |
| A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.  |  |



~~SECRET~~  
BROOKLYN, 20, N  
AUGUST 9, 1968

H. Q. FOREIGN TECHNOLOGY DIVISION  
ATTENTION TO PT (UFO)  
WRIGHT-PATTERSON AFB  
DAYTON, OHIO 45433

Dear Sir,

Enclosed in this envelope is a picture of what we believe to be a U. F. O. taken on the night of July 27, 1968. This is one of the two types of objects we have seen. The other type, the one we have sighted most frequently, I have reported twice to the Aerial Phenomenon Division, Project Bluebook Headquarter.



22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☒ YES ☐ NO. IF "YES," GIVE DATE AND LOCATION.  
*Last two weeks last in parking lot of [redacted]*

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?  
☒ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES  
 [redacted] 7<sup>th</sup> Ave  
 [redacted] 15<sup>th</sup> Street  
 [redacted]  
 [redacted]

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME  
 [redacted]

ADDRESS (Street, City, State and Zip Code)  
 [redacted] Brooklyn, NY 11220

TELEPHONE (Area code and number) [redacted] AGE 15 ☒ MALE ☐ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

|                |                                    |
|----------------|------------------------------------|
| 1. [redacted]  | [redacted] 45 <sup>th</sup> Street |
| 2. [redacted]  | [redacted] "                       |
| 3. [redacted]  | [redacted] "                       |
| 4. [redacted]  | [redacted]                         |
| 5. [redacted]  | [redacted] 7 <sup>th</sup> Ave     |
| 6. [redacted]  | [redacted] 46 <sup>th</sup> Street |
| 7. [redacted]  | [redacted]                         |
| 8. [redacted]  | [redacted] 46 <sup>th</sup> Street |
| 9. [redacted]  | [redacted] "                       |
| 10. [redacted] | [redacted] "                       |
| 11. [redacted] | [redacted] "                       |
| 12. [redacted] | [redacted] "                       |
| 13. [redacted] | [redacted] "                       |
| 14. [redacted] | [redacted] "                       |
| 15. [redacted] | [redacted] "                       |
| 16. [redacted] | [redacted] "                       |

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?  
 NAME LAST NIGHT DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.  
 DAY 13 MONTH AUG YEAR 67



27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE, ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

17

[REDACTED]

[REDACTED] 46<sup>th</sup> Street

18

[REDACTED]

[REDACTED]

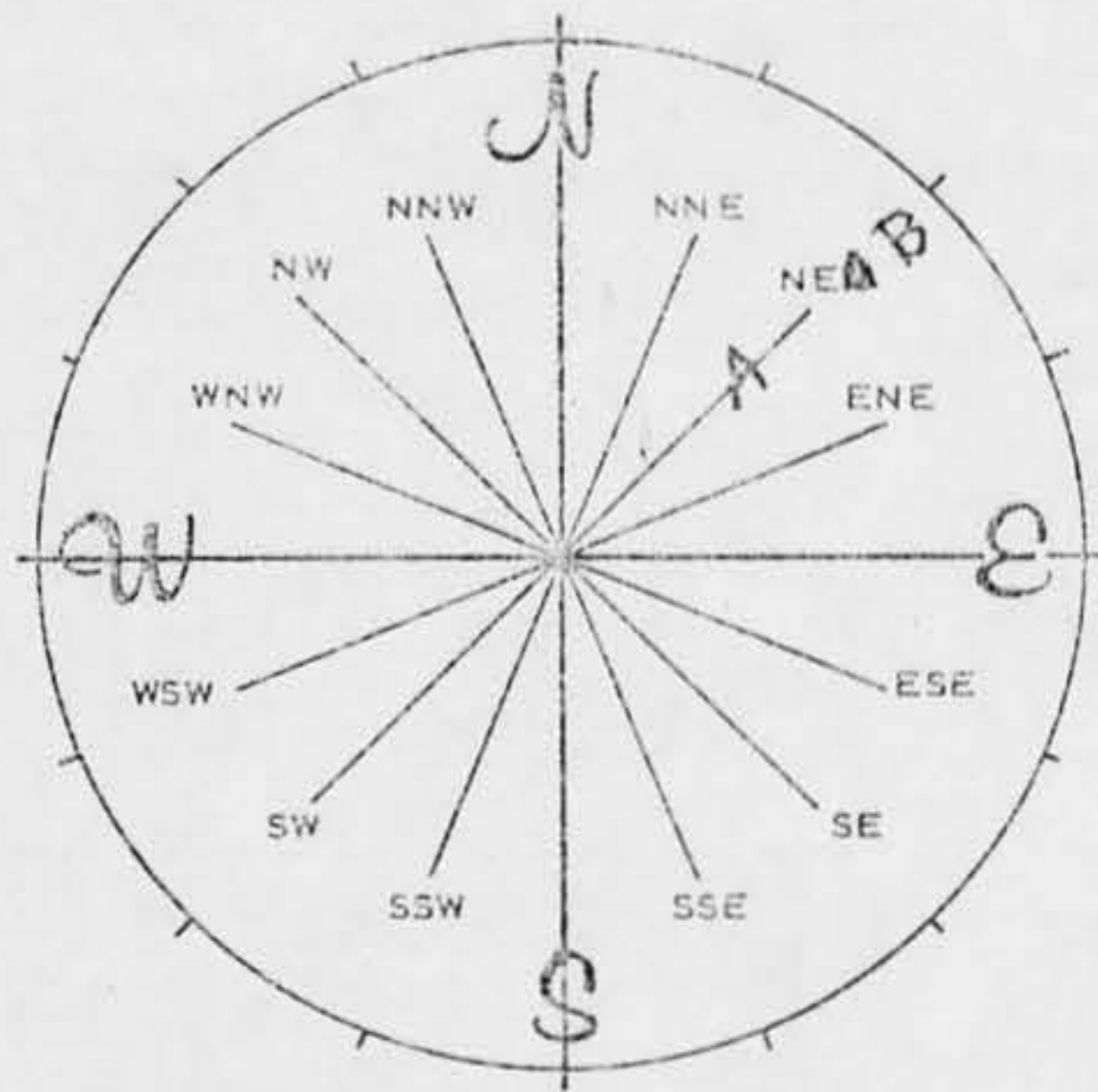
"

2

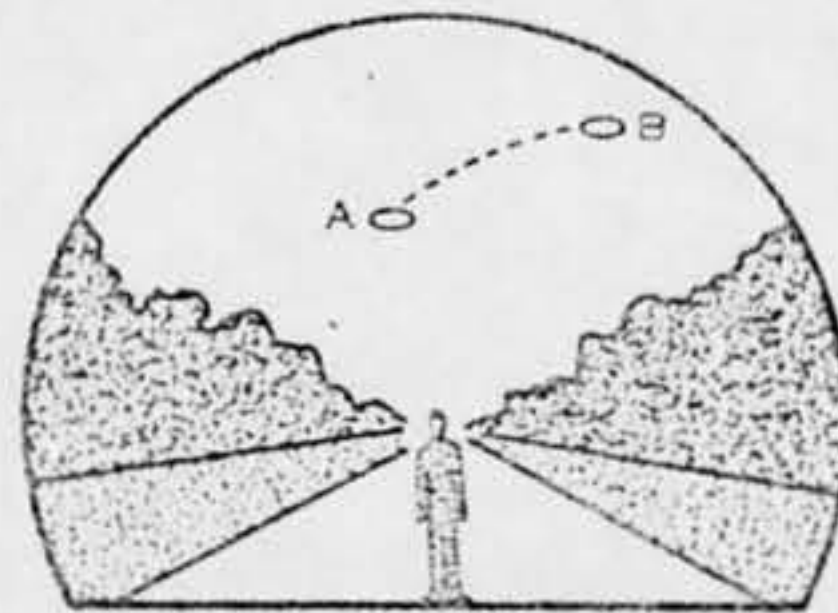
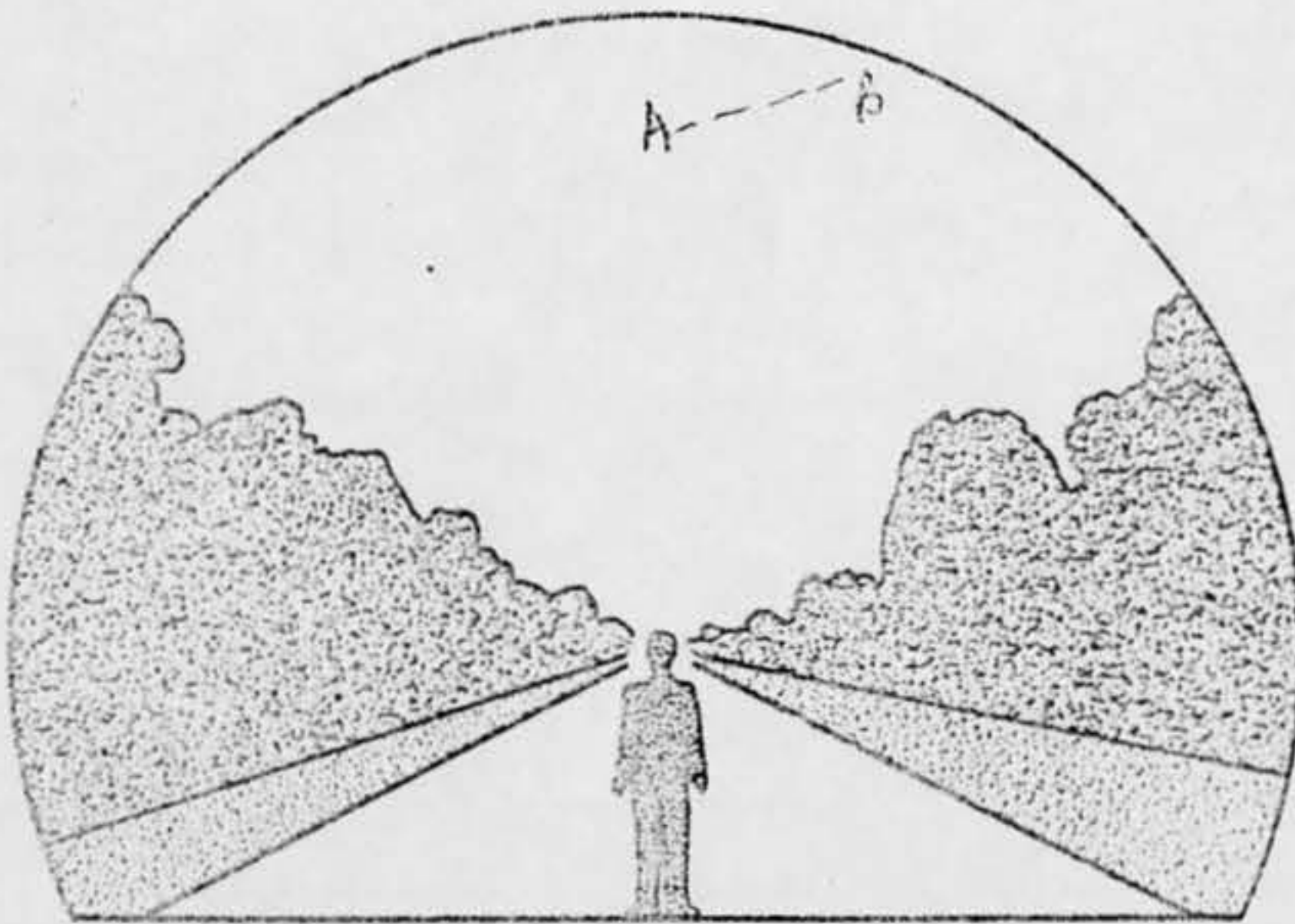
Pat two weeks he has seen this object.  
 They have two rolls of undeveloped film on it.  
 He wants to know what he should do with it.



6. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



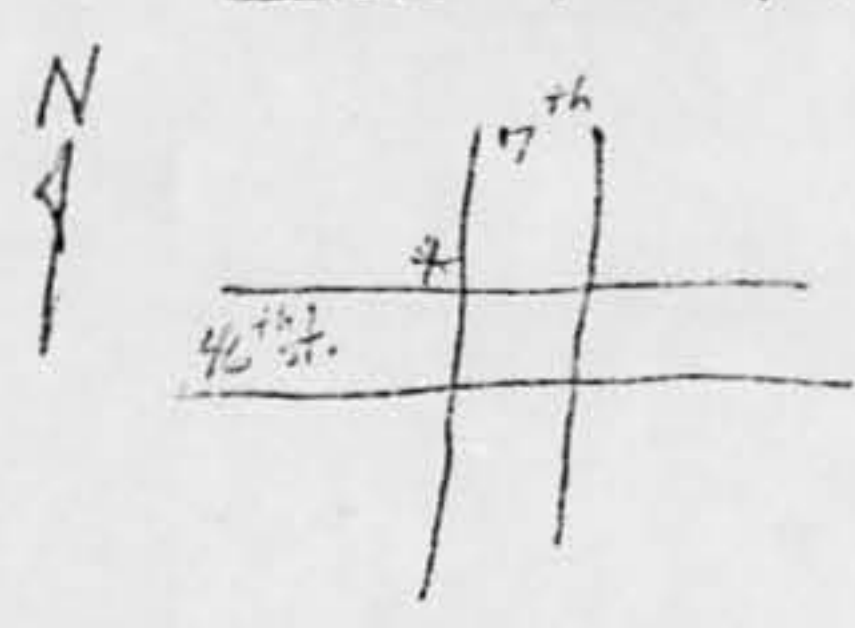
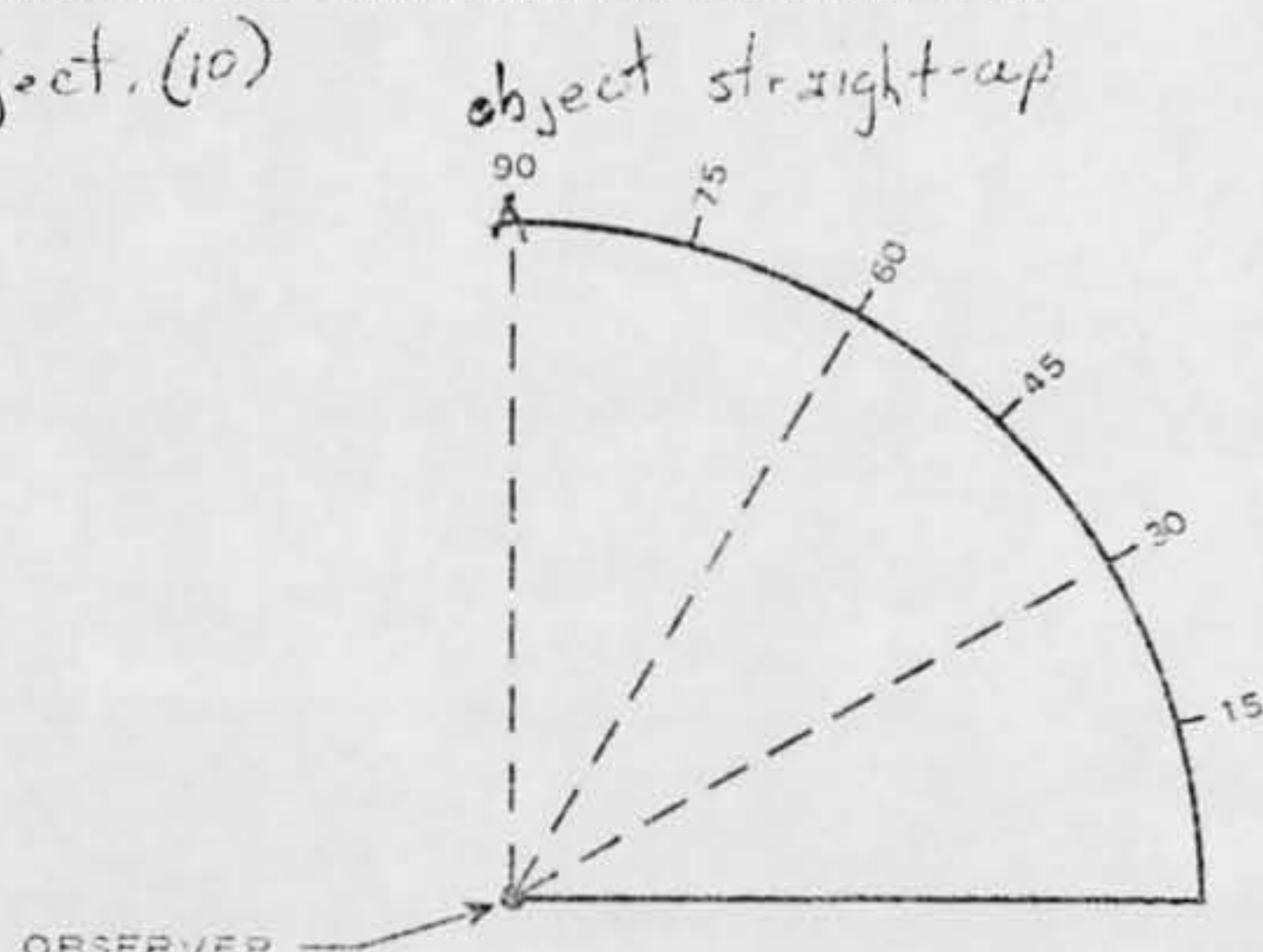
7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





*Duty Off Report*

AFR 80-17(C1)

| SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE  |  | BUDGET BUREAU APPROVAL<br>NUMBER 21 R25A |
|---|--|--|
| <p>THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)</p> |  |  |
| <p>1. WHEN DID YOU SEE THE PHENOMENON? DAY <u>11/12 DUG</u> MONTH <u>AUGUST</u> YEAR <u>68</u></p>  |  |  |
| <p>2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON? HOUR <u>2020</u> MINUTES <u>20</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.</p>   |  |  |
| <p>3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON? HOUR <u>22</u> MINUTES <u>15</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.</p>  |  |  |
| <p>4. TIME ZONE <input checked="" type="checkbox"/> DAYLIGHT SAVINGS <input type="checkbox"/> STANDARD<br/> <input checked="" type="checkbox"/> EASTERN <input type="checkbox"/> CENTRAL <input type="checkbox"/> MOUNTAIN <input type="checkbox"/> PACIFIC <input type="checkbox"/> OTHER</p>  |  |  |
| <p>5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.</p> <p style="margin-left: 40px;"><i>Corner of [redacted], Brooklyn, New York</i></p> <div style="margin-left: 100px;">  </div>   |  |  |
| <p>6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.</p> <p style="margin-left: 40px;"><i>more than one object. (10)</i></p> <div style="margin-left: 300px;">  </div>   |  |  |



| B. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)                                   |  |       |  |
|--|--|-------|--|
| <input checked="" type="checkbox"/> OUTDOORS   |  |       | IN BUSINESS SECTION OF CITY  |
| <input type="checkbox"/> IN BUILDING   |  |       | <input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY |
| <input type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER     |  |       | IN OPEN COUNTRYSIDE  |
| <input type="checkbox"/> IN BOAT   |  |       | NEAR AIRFIELD  |
| <input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER |  |       | FLYING OVER CITY   |
| <input type="checkbox"/> OTHER   |  |       | FLYING OVER OPEN COUNTRY   |
|  |  | OTHER |  |

| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING: |                                    |   |  |
|--|------------------------------------|---|--|
| WHAT DIRECTION WERE YOU MOVING?                      |                                    | HOW FAST WERE YOU MOVING?   |  |
| <input checked="" type="checkbox"/> NORTH            | <input type="checkbox"/> EAST      | <del>NOT TRAFFIC</del> <i>Fast</i>                                  |  |
| <input type="checkbox"/> SOUTH                       | <input type="checkbox"/> WEST      | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?                |  |
| <input type="checkbox"/> NORTHEAST                   | <input type="checkbox"/> SOUTHEAST | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  |
| <input type="checkbox"/> NORTHWEST                   | <input type="checkbox"/> SOUTHWEST |   |  |

EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.

*N/A*

DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.

HOW MUCH OTHER TRAFFIC WAS THERE?

*SLIGHT TRAFFIC*

DID YOU NOTICE ANY AIRPLANES? ☒ YES ☐ NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.

*Airplane was flying directly above the object, in its approach to Kennedy Airport for a landing.*

| 9. HOW LONG WAS THE PHENOMENON IN SIGHT? |                   |   |  |
|--|-------------------|---|--|
| LENGTH OF TIME                           | <i>10 minutes</i> | <input checked="" type="checkbox"/> CERTAIN OF TIME | <input type="checkbox"/> NOT VERY SURE |
|  |                   | <input type="checkbox"/> FAIRLY CERTAIN             | <input type="checkbox"/> JUST A GUESS  |

HOW WAS TIME DETERMINED?

*8:20 - 8:30 as seen on a street clock.*

WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? ☒ YES ☐ NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

16 objects sighted exactly  
not in any particular pattern, scattered across the  
sky.

| 11. CONDITIONS (Check appropriate blocks.)   |  |  |   |
|--|--|--|---|
| A. SKY                                       |  | B. WEATHER   |   |
| <input type="checkbox"/> DAY                 |  | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)                 | <input type="checkbox"/> FOG OR MIST                  |
| <input type="checkbox"/> TWILIGHT            |  | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone) | <input type="checkbox"/> HEAVY RAIN                   |
| <input checked="" type="checkbox"/> NIGHT    |  | <input type="checkbox"/> NIMBUS CLOUDS (Rain)                        | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE        |
| <input checked="" type="checkbox"/> CLEAR    |  | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)         | <input type="checkbox"/> HAIL                         |
| <input type="checkbox"/> PARTLY CLOUDY       |  |  | <input type="checkbox"/> SNOW OR SLEET                |
| <input type="checkbox"/> COMPLETELY OVERCAST |  |  | <input type="checkbox"/> UNKNOWN                      |
|  |  | <input type="checkbox"/> HAZE OR SMOG                                | <input checked="" type="checkbox"/> NONE OF THE ABOVE |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS                                |  | (2) MOON  |   |
|--|--|---|---|
| <input type="checkbox"/> NONE            |  | <input type="checkbox"/> BRIGHT MOONLIGHT         | <input type="checkbox"/> NO MOONLIGHT       |
| <input type="checkbox"/> A FEW           |  | <input type="checkbox"/> MOON WITH HALO           | <input checked="" type="checkbox"/> UNKNOWN |
| <input checked="" type="checkbox"/> MANY |  | <input type="checkbox"/> MOON HIDDEN BY CLOUDS    |   |
| <input type="checkbox"/> UNKNOWN         |  | <input type="checkbox"/> PARTIAL (New or quarter) |   |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

|  |  |   |
|--|--|---|
| <input type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU  | <input type="checkbox"/> TO YOUR LEFT  | <input type="checkbox"/> UNKNOWN              |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

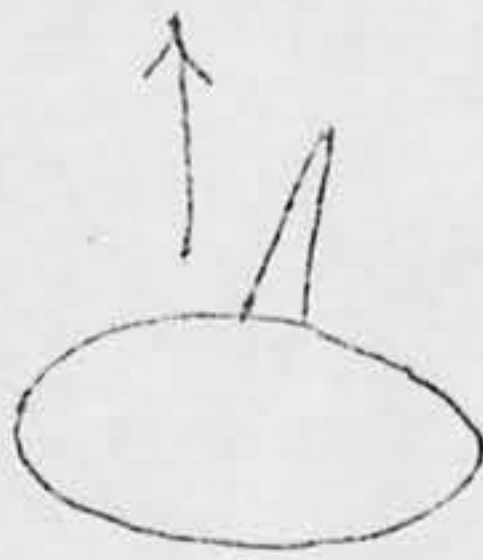
STREET LAMPS, 30 yards from the nearest lamp

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

Light in tone, possessed its own light source, solid, edges appeared sharp, shaped like a football, all objects possessed the same shape



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

*As large as the largest star. approximately one-half of it.*



| 13. | DID THE PHENOMENON              | YES                                 | NO                                  | UNKNOWN |
|-----|---------------------------------|-------------------------------------|-------------------------------------|---------|
|     | MOVE IN A STRAIGHT LINE?        | <input checked="" type="checkbox"/> |                                     |         |
|     | STAND STILL AT ANYTIME?         | <input checked="" type="checkbox"/> |                                     |         |
|     | SUDDENLY SPEED UP AND RUN AWAY? |                                     | <input checked="" type="checkbox"/> |         |
|     | BREAK UP IN PARTS AND EXPLODE?  |                                     | <input checked="" type="checkbox"/> |         |
|     | CHANGE COLOR?                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |         |
|     | GIVE OFF SMOKE?                 |                                     | <input checked="" type="checkbox"/> |         |
|     | CHANGE BRIGHTNESS?              |                                     | <input checked="" type="checkbox"/> |         |
|     | CHANGE SHAPE?                   |                                     | <input checked="" type="checkbox"/> |         |
|     | FLASH OR FLICKER?               | <input checked="" type="checkbox"/> |                                     |         |
|     | DISAPPEAR AND REAPPEAR?         | <input checked="" type="checkbox"/> |                                     |         |
|     | SPIN LIKE A TOP?                |                                     | <input checked="" type="checkbox"/> |         |
|     | MAKE A NOISE?                   |                                     | <input checked="" type="checkbox"/> |         |
|     | FLUTTER OR WOBBLE?              |                                     | <input checked="" type="checkbox"/> |         |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

Looking previously sighted UFO.

A. HOW DID IT FINALLY DISAPPEAR?

As though someone had turned off a lamp

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?

☒ YES ☐ NO. IF "YES," DESCRIBE.

Flew behind an apartment building.



|  |  |
|--|--|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.   |  |
| <input checked="" type="checkbox"/> EYEGLASSES   | <input checked="" type="checkbox"/> CAMERA VIEWER  |
| <input type="checkbox"/> SUNGLASSES  | <input checked="" type="checkbox"/> BINOCULARS   |
| <input type="checkbox"/> WINDSHIELD  | <input checked="" type="checkbox"/> TELESCOPE  |
| <input type="checkbox"/> SIDE WINDOW OF VEHICLE  | <input checked="" type="checkbox"/> THEODOLITE   |
| <input type="checkbox"/> WINDOWPANE  | <input type="checkbox"/> OTHER   |
| A. DO YOU ORDINARILY WEAR GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   | B. DO YOU USE READING GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO     |
| 18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>100 mph</u>   | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>3000'</u> |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW. |  |
| <p><i>Would look like a street lamp (the oval portion of the object sighted.)</i></p>  |  |
| 21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.  |  |
| A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.  |  |



22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☒ YES ☐ NO. IF "YES," GIVE DATE AND LOCATION. *Everyday since July 24, 1968 same location as stated previously*

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO? ☒ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES

|                   |                           |             |
|-------------------|---------------------------|-------------|
| <i>[REDACTED]</i> | <i>Brooklyn, New York</i> | <i>15</i>   |
| <i>[REDACTED]</i> | <i>" " "</i>              | <i>15</i>   |
| <i>[REDACTED]</i> | <i>" " "</i>              | <i>15</i>   |
| <i>[REDACTED]</i> | <i>" " "</i>              | <i>13</i>   |
| <i>[REDACTED]</i> | <i>" " "</i>              | <i>10</i>   |
| <i>[REDACTED]</i> | <i>" " "</i>              | <i>- 11</i> |

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME  
*[REDACTED]*

ADDRESS (Street, City, State, Zip)  
*[REDACTED] BROOKLYN, NEW YORK*

TELEPHONE (Area code and number)  
*? NOT GIVEN*

AGE  
*15 years*

☒ MALE ☐ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

*High School Student. No Experience, pertinent to these sightings.*

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?


NAME *68<sup>th</sup> Precinct* DAY *30<sup>th</sup> 31<sup>st</sup>* MONTH *July* YEAR *68*

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY *7<sup>th</sup>* MONTH *August* YEAR *68*



Thank you for  
listening



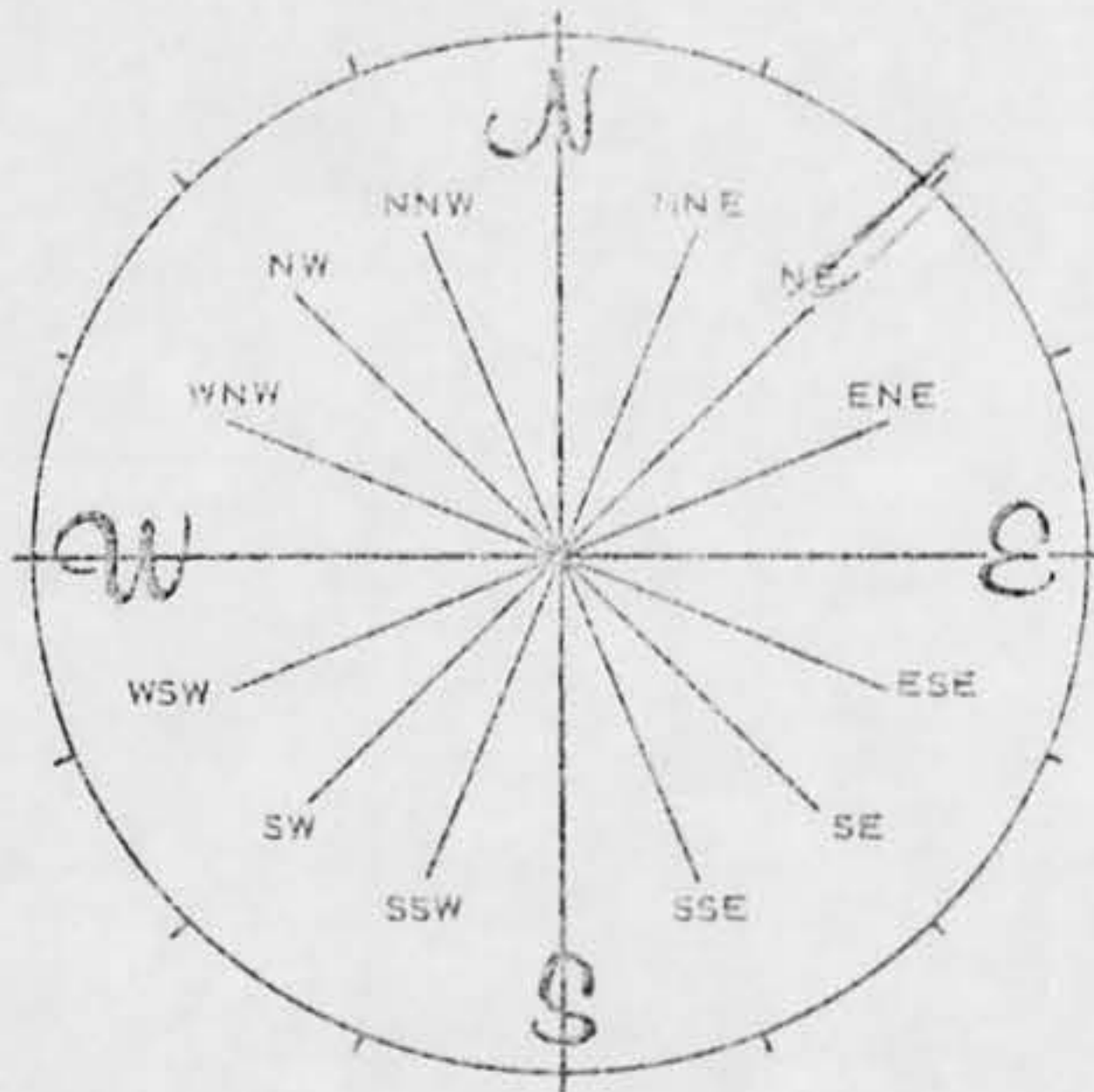


27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE, ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

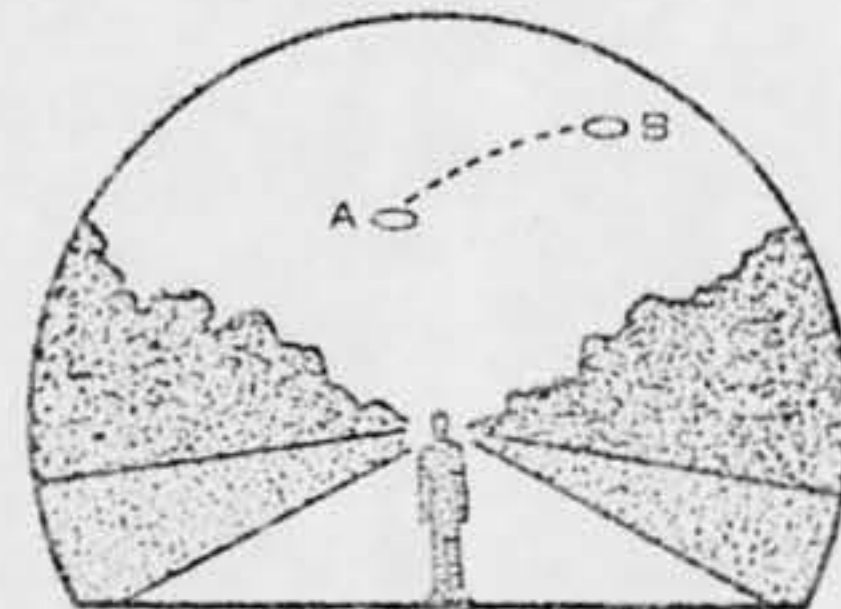
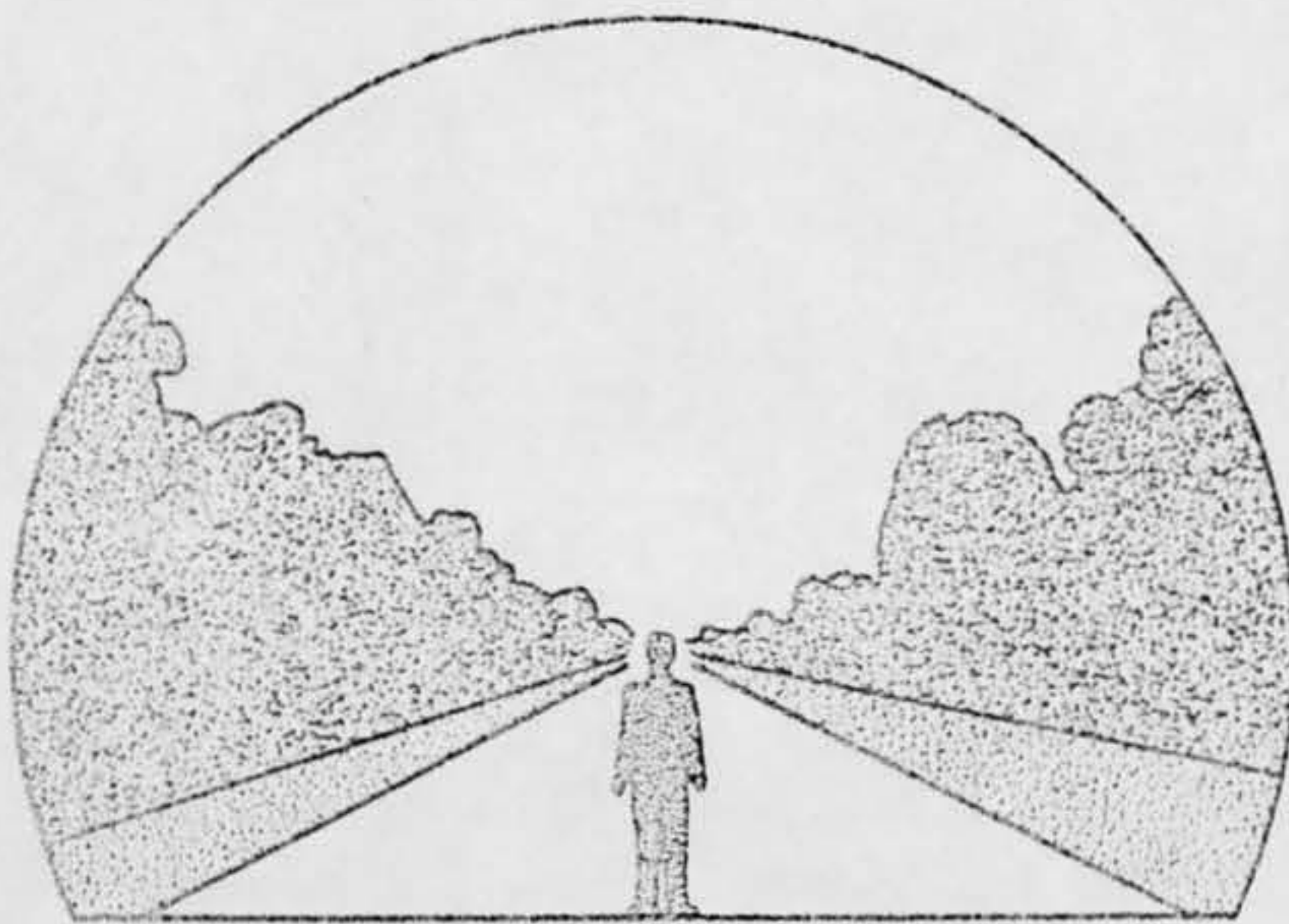
1



5. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R258

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 29 MONTH Aug YEAR 1965

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 1850 MINUTES 00 ☐ A.M. ☐ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

still in sightHOUR 00 MINUTES 00 ☐ A.M. ☐ P.M.

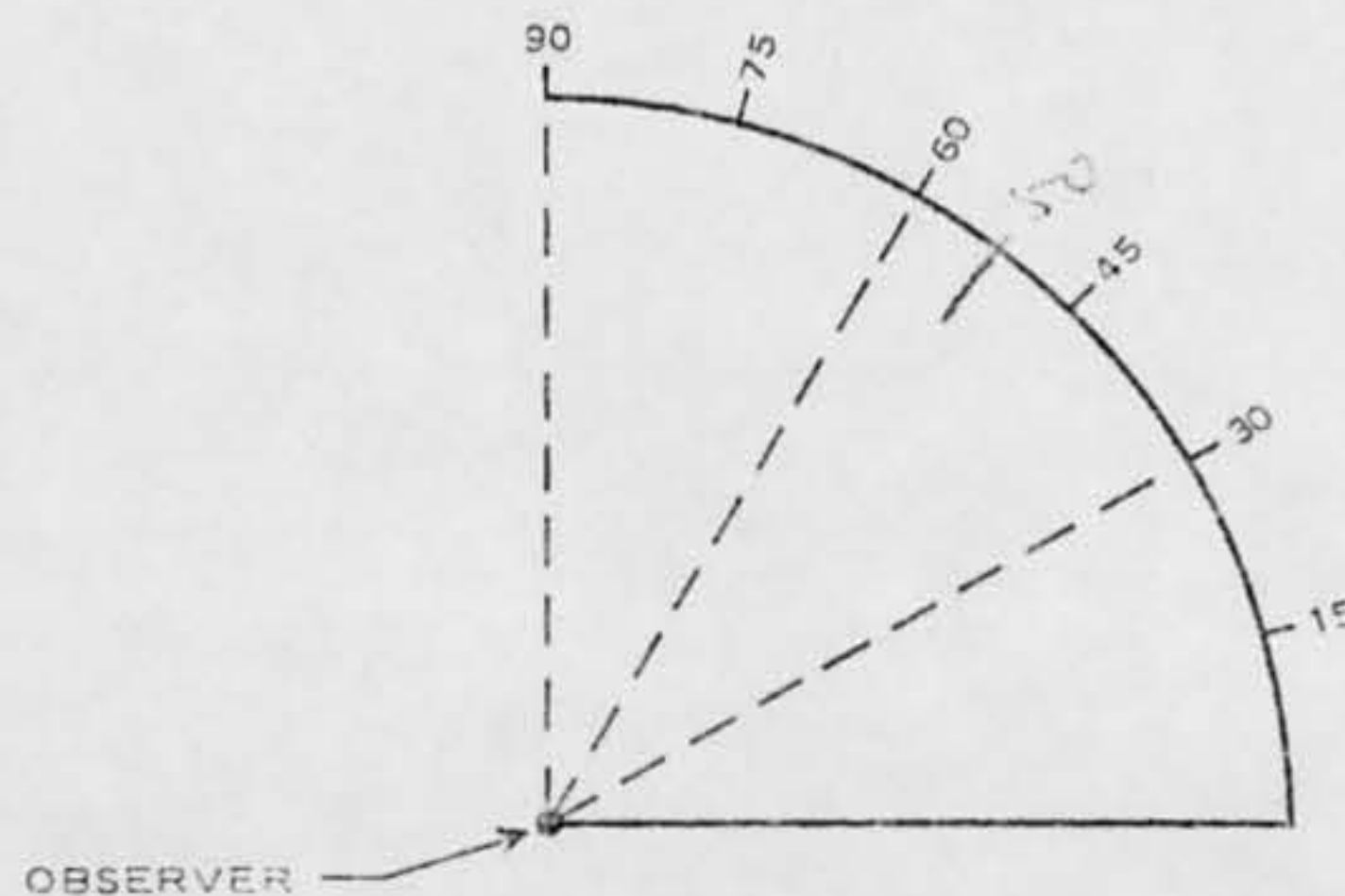
4. TIME ZONE

☐ DAYLIGHT SAVINGS☐ STANDARD☐ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

74th Ave & 46th St. Brooklyn, USA

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.





10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING? *3-4-11*

*In a straight line*



11. CONDITIONS (Check appropriate blocks.)

| A. SKY                                       |  | B. WEATHER   |  |
|--|--|--|--|
| <input type="checkbox"/> DAY                 |  | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)                 | <input type="checkbox"/> FOG OR MIST           |
| <input type="checkbox"/> TWILIGHT            |  | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone) | <input type="checkbox"/> HEAVY RAIN            |
| <input type="checkbox"/> NIGHT               |  |  | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE |
| <input checked="" type="checkbox"/> CLEAR    |  | <input type="checkbox"/> NIMBUS CLOUDS (Rain)                        | <input type="checkbox"/> HAIL                  |
| <input type="checkbox"/> PARTLY CLOUDY       |  | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)         | <input type="checkbox"/> SNOW OR SLEET         |
| <input type="checkbox"/> COMPLETELY OVERCAST |  |  | <input type="checkbox"/> UNKNOWN               |
|  |  | <input type="checkbox"/> HAZE OR SMOG                                | <input type="checkbox"/> NONE OF THE ABOVE     |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS                                | (2) MOON   |
|--|--|
| <input checked="" type="checkbox"/> NONE | <input checked="" type="checkbox"/> BRIGHT MOONLIGHT |
| <input type="checkbox"/> A FEW           | <input type="checkbox"/> MOON WITH HALO              |
| <input type="checkbox"/> MANY            | <input type="checkbox"/> MOON HIDDEN BY CLOUDS       |
| <input type="checkbox"/> UNKNOWN         | <input type="checkbox"/> PARTIAL (New or quarter)    |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☒ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

|  |  |   |
|--|--|---|
| <input type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU  | <input type="checkbox"/> TO YOUR LEFT  | <input type="checkbox"/> UNKNOWN              |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.



|  |                                    |   |  |
|--|------------------------------------|---|--|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)   |                                    |   |  |
| <input checked="" type="checkbox"/> OUTDOORS   |                                    | <input type="checkbox"/> IN BUSINESS SECTION OF CITY  |  |
| <input type="checkbox"/> IN BUILDING   |                                    | <input type="checkbox"/> IN RESIDENTIAL SECTION OF CITY   |  |
| <input type="checkbox"/> IN CAR  | <input type="checkbox"/> AS DRIVER | <input type="checkbox"/> AS PASSENGER   | <input type="checkbox"/> IN OPEN COUNTRYSIDE |
| <input type="checkbox"/> IN BOAT   |                                    | <input type="checkbox"/> NEAR AIRFIELD  |  |
| <input type="checkbox"/> IN AIRPLANE   | <input type="checkbox"/> AS PILOT  | <input type="checkbox"/> AS PASSENGER   | <input type="checkbox"/> FLYING OVER CITY    |
| <input type="checkbox"/> OTHER   |                                    | <input type="checkbox"/> FLYING OVER OPEN COUNTRY   |  |
|  |                                    | <input type="checkbox"/> OTHER  |  |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:   |                                    |   |  |
| WHAT DIRECTION WERE YOU MOVING?  |                                    | HOW FAST WERE YOU MOVING?   |  |
| <input type="checkbox"/> NORTH   | <input type="checkbox"/> EAST      | <input type="checkbox"/> DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| <input type="checkbox"/> SOUTH   | <input type="checkbox"/> WEST      |   |  |
| <input type="checkbox"/> NORTHEAST   | <input type="checkbox"/> SOUTHEAST |   |  |
| <input type="checkbox"/> NORTHWEST   | <input type="checkbox"/> SOUTHWEST |   |  |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.  |                                    |   |  |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.   |                                    |   |  |
| HOW MUCH OTHER TRAFFIC WAS THERE?  |                                    |   |  |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.                                  |                                    |   |  |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT?   |                                    |   |  |
| LENGTH OF TIME   | <u>3 min</u>                       | <input checked="" type="checkbox"/> CERTAIN OF TIME   | <input type="checkbox"/> NOT VERY SURE       |
|  |                                    | <input type="checkbox"/> FAIRLY CERTAIN   | <input type="checkbox"/> JUST A GUESS        |
| HOW WAS TIME DETERMINED?   |                                    |   |  |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. |                                    |   |  |



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.



| 13. | DID THE PHENOMENON              | YES                                 | NO                                  | UNKNOWN |
|-----|---------------------------------|-------------------------------------|-------------------------------------|---------|
|     | MOVE IN A STRAIGHT LINE?        | <input checked="" type="checkbox"/> |                                     |         |
|     | STAND STILL AT ANYTIME?         | <input checked="" type="checkbox"/> |                                     |         |
|     | SUDDENLY SPEED UP AND RUN AWAY? | <input checked="" type="checkbox"/> |                                     |         |
|     | BREAK UP IN PARTS AND EXPLODE?  |                                     | <input checked="" type="checkbox"/> |         |
|     | CHANGE COLOR?                   |                                     | <input checked="" type="checkbox"/> |         |
|     | GIVE OFF SMOKE?                 |                                     | <input checked="" type="checkbox"/> |         |
|     | CHANGE BRIGHTNESS?              |                                     | <input checked="" type="checkbox"/> |         |
|     | CHANGE SHAPE?                   |                                     | <input checked="" type="checkbox"/> |         |
|     | FLASH OR FLICKER?               |                                     | <input checked="" type="checkbox"/> |         |
|     | DISAPPEAR AND REAPPEAR?         | <input checked="" type="checkbox"/> |                                     |         |
|     | SPIN LIKE A TOP?                |                                     | <input checked="" type="checkbox"/> |         |
|     | MAKE A NOISE?                   |                                     | <input checked="" type="checkbox"/> |         |
|     | FLUTTER OR WOBBLE?              |                                     | <input checked="" type="checkbox"/> |         |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

Looking for previous phenomenon

A. HOW DID IT FINALLY DISAPPEAR?

Went out of sight

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?  
☐ YES ☐ NO. IF "YES," DESCRIBE.

Building



|  |                        |   |               |
|--|------------------------|---|---------------|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.   |                        |   |               |
| <input checked="" type="checkbox"/>  | EYEGLASSES             |   | CAMERA VIEWER |
|  | SUNGLASSES             |   | BINOCULARS    |
|  | WINDSHIELD             |   | TELESCOPE     |
|  | SIDE WINDOW OF VEHICLE |   | THEODOLITE    |
|  | WINDOWPANE             |   | OTHER         |
| A. DO YOU ORDINARILY WEAR GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |                        | B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO                         |               |
| 18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>25 mph</u>  |                        | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>12-15 miles up</u> |               |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW. |                        |   |               |
| 21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.  |                        |   |               |
| A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.  |                        |   |               |



|   |     |  |                                 |
|---|-----|--|---------------------------------|
| 22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," GIVE DATE AND LOCATION.   |     |  |                                 |
| 23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DID THEY SEE IT TOO?<br><input type="checkbox"/> YES <input type="checkbox"/> NO.   |     |  |                                 |
| A. LIST THEIR NAMES AND ADDRESSES   |     |  |                                 |
| <div style="background-color: black; width: 100%; height: 10px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 10px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 10px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 10px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 10px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 10px; margin-bottom: 5px;"></div> |     |  |                                 |
| 24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF   |     |  |                                 |
| LAST NAME, FIRST NAME, MIDDLE NAME  |     |  |                                 |
| <div style="background-color: black; width: 100%; height: 100%;"></div>   |     |  |                                 |
| ADDRESS (Street, City, State and Zip Code)  |     |  |                                 |
| <div style="background-color: black; width: 100%; height: 100%;"></div>   |     |  |                                 |
| TELEPHONE (Area and local number)   | AGE | <input checked="" type="checkbox"/> MALE | <input type="checkbox"/> FEMALE |
| <div style="background-color: black; width: 100%; height: 100%;"></div>   | 15  |  |                                 |
| INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.   |     |  |                                 |
| 25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?   |     |  |                                 |
| NAME  | DAY | MONTH                                    | YEAR                            |
| <div style="background-color: black; width: 100%; height: 100%;"></div>   | 29  | Aug                                      | 1968                            |
| 26. DATE YOU COMPLETED THIS QUESTIONNAIRE.  |     |  |                                 |
|   | DAY | MONTH                                    | YEAR                            |
|   | 9   | Aug                                      | 1968                            |



5 SEP 1968

TDFT (UFO) Lt Col Quintanilla/70916/mhs/5 Sep 68

UFO Reports from Brooklyn, New York

TDFT

1. The Aerial Phenomena Office is in receipt of several unidentified flying object (UFO) reports from youngsters in the Brooklyn, New York area. These youngsters have been calling the Duty Officer collect, several times a week, since 7 August 1968.

2. On 16 and 19 August 1968, this office verbally requested that the Duty Officer not accept any collect telephone calls from these youngsters in the New York area and they should be referred to the nearest Air Force base. However, they are continuing to call. Therefore, we recommend that the Duty Officer not accept any UFO reports from the Brooklyn, New York area. Inform the caller that if he wishes to report an unidentified flying object sighting he should contact the nearest Air Force base which would be either:

a. Stewart AFB, New York, area code 914, JOhn 2-1300

bb. Suffolk County AFB, New York, area code 516, WEsthampton 4-1900

3. If the caller is persistent, please inform him in a kindly manner that this is in accordance with Air Force Regulation 80-17, which governs the reporting of UFOs. In addition, the local UFO investigator is in a far better position to conduct an on-the-spot investigation which usually results in a more accurate analysis.

4. Attached is a listing of those persons who have been calling from the Brooklyn, New York area.

LECTOR QUINTANILLA, Jr, Lt Colonel, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

1 Atch  
Listing of UFO Observers



MEMO FOR THE RECORD

16 August 1968

Subj: UFO Reports by [REDACTED]

Mrs Stancombe called the FTD Command Post, Ann Davis, on 16 August 1968 in regards to frequent (almost nightly) UFO reports that the Duty Officer has been receiving from [REDACTED] (age 15) of Brooklyn, New York. If [REDACTED] calls the Duty Officer again, they will inform him that in accordance with Air Force Regulation 80-17 he should contact the nearest Air Force base, which would be either Stewart AFB, New York, area code 914 JOhn 2-1300 or Suffolk County AFB, New York, area code 516 WEsthampton 4 - 1900. Airman Davis said they would be glad to inform [REDACTED] of this fact.

19 August 1968

On 19 August 1968 Mrs [REDACTED] again called Airman Davis to inform him that we are still receiving numerous reports from Brooklyn, New York, from a group of youngsters. Mrs [REDACTED] asked Airman Davis to leave a note with the Duty Officer instructions to to accept any collect phone calls from these youngsters calling from Brooklyn New York. They should be referred to either Suffolk County or Stewart AFB, New York, in accordance with AFR 80-17.



|||||



message for the King & Queen

~~\_\_\_\_\_~~

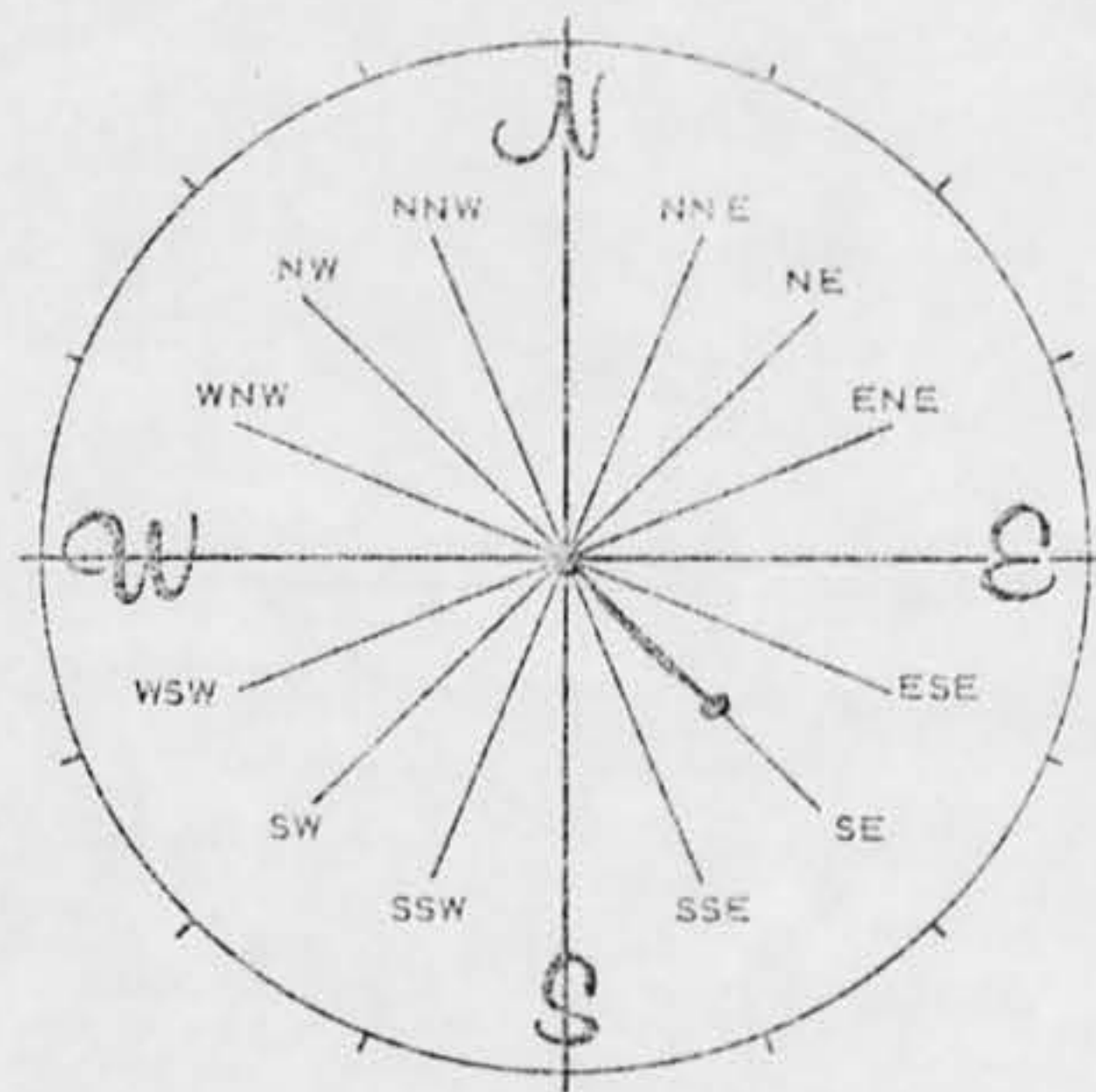
Brooklyn N York  
called on 27 Aug 68 <sup>1450</sup>  
Collected Col Quintanilla  
had the Lt Colonel  
inform the operation  
that we would not  
accept the call and  
that he should write  
Col Quintanilla a letter.  
John Stout said he  
would write a  
letter

~~\_\_\_\_\_~~

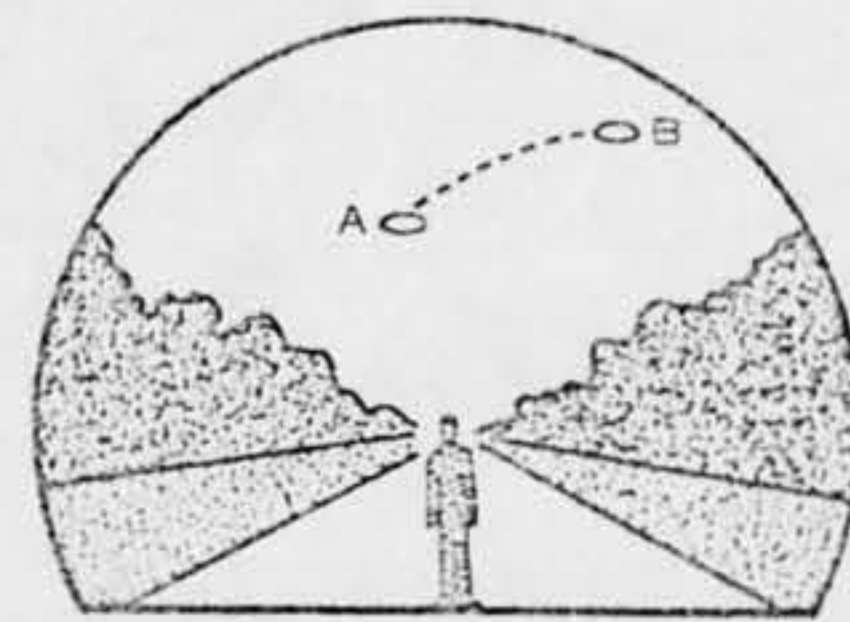
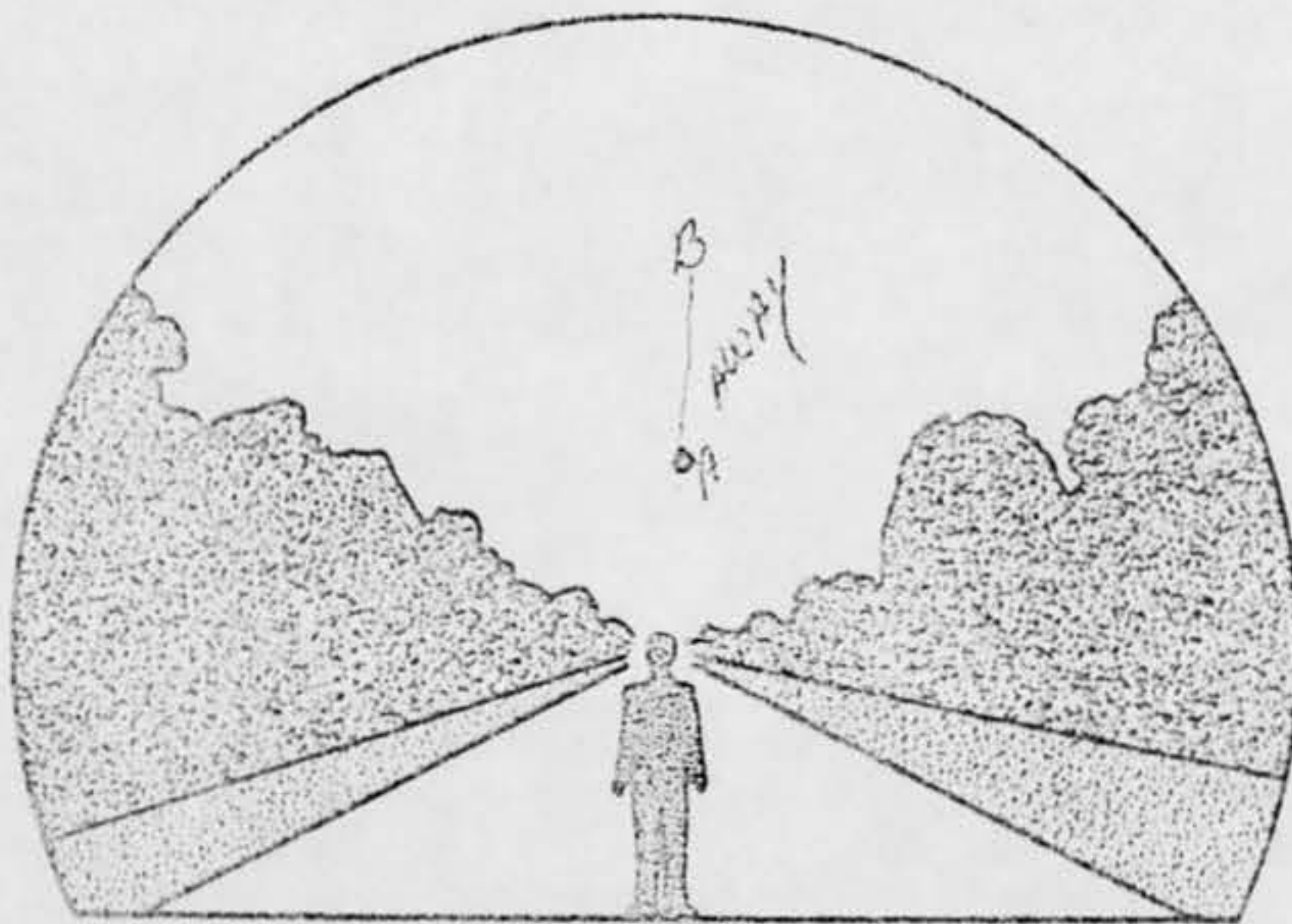
again called <sup>collected</sup>  
at 27 Aug 68 at 1458. Col Quintanilla  
would not accept the charge. Stout  
said he would put it into  
writing



6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R253

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, 1AW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

7:48-7:50 PM Aug 15

1. WHEN DID YOU SEE THE PHENOMENON?

DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR \_\_\_\_\_ MINUTES \_\_\_\_\_ ☐ A.M. ☐ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR \_\_\_\_\_ MINUTES \_\_\_\_\_ ☐ A.M. ☐ P.M.

4. TIME ZONE

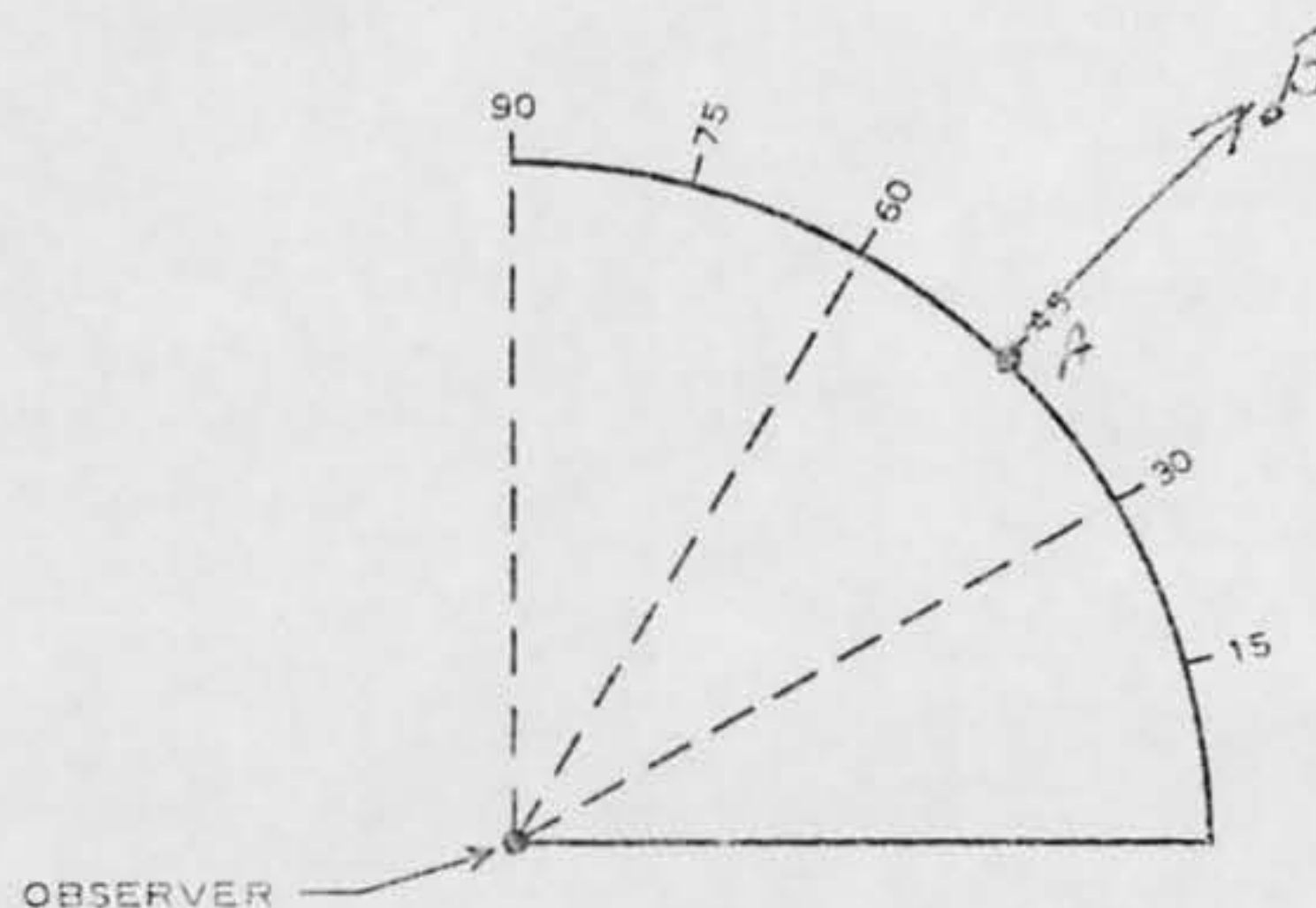
☐ DAYLIGHT SAVINGS☐ STANDARD☐ EASTERN☐ CENTRAL☐ MOUNTAIN☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

~~10-11-12~~ Brooklyn N. Y.



6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.





10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

0/10

| 11. CONDITIONS (Check appropriate blocks.)   |  |  |  |
|--|--|--|--|
| A. SKY                                       |  | B. WEATHER   |  |
| <input type="checkbox"/> DAY                 |  | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)                 | <input type="checkbox"/> FOG OR MIST           |
| <input checked="" type="checkbox"/> TWILIGHT |  | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone) | <input type="checkbox"/> HEAVY RAIN            |
| <input type="checkbox"/> NIGHT               |  |  | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE |
| <input checked="" type="checkbox"/> CLEAR    |  | <input type="checkbox"/> NIMBUS CLOUDS (Rain)                        | <input type="checkbox"/> HAIL                  |
| <input type="checkbox"/> PARTLY CLOUDY       |  | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)         | <input type="checkbox"/> SNOW OR SLEET         |
| <input type="checkbox"/> COMPLETELY OVERCAST |  |  | <input type="checkbox"/> UNKNOWN               |
|  |  | <input type="checkbox"/> HAZE OR SMOG                                | <input type="checkbox"/> NONE OF THE ABOVE     |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS                                |  | (2) MOON  |  |
|--|--|---|--|
| <input checked="" type="checkbox"/> NONE |  | <input type="checkbox"/> BRIGHT MOONLIGHT         | <input checked="" type="checkbox"/> NO MOONLIGHT |
| <input type="checkbox"/> A FEW           |  | <input type="checkbox"/> MOON WITH HALO           | <input type="checkbox"/> UNKNOWN                 |
| <input type="checkbox"/> MANY            |  | <input type="checkbox"/> MOON HIDDEN BY CLOUDS    |  |
| <input type="checkbox"/> UNKNOWN         |  | <input type="checkbox"/> PARTIAL (New or quarter) |  |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

|  |  |   |
|--|--|---|
| <input type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU  | <input type="checkbox"/> TO YOUR LEFT  | <input type="checkbox"/> UNKNOWN              |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

Sun light was still main source

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.





|   |                                    |  |  |
|---|------------------------------------|--|--|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)  |                                    |  |  |
| <input checked="" type="checkbox"/> OUTDOORS  |                                    | <input type="checkbox"/> IN BUSINESS SECTION OF CITY   |  |
| <input type="checkbox"/> IN BUILDING  |                                    | <input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY   |  |
| <input type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER  |                                    | <input type="checkbox"/> IN OPEN COUNTRYSIDE   |  |
| <input type="checkbox"/> IN BOAT  |                                    | <input type="checkbox"/> NEAR AIRFIELD   |  |
| <input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER  |                                    | <input type="checkbox"/> FLYING OVER CITY  |  |
| <input type="checkbox"/> OTHER  |                                    | <input type="checkbox"/> FLYING OVER OPEN COUNTRY  |  |
|   |                                    | <input type="checkbox"/> OTHER   |  |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:  |                                    |  |  |
| WHAT DIRECTION WERE YOU MOVING?   |                                    | HOW FAST WERE YOU MOVING?  |  |
| <input type="checkbox"/> NORTH  | <input type="checkbox"/> EAST      | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| <input type="checkbox"/> SOUTH  | <input type="checkbox"/> WEST      |  |  |
| <input type="checkbox"/> NORTHEAST  | <input type="checkbox"/> SOUTHEAST |  |  |
| <input type="checkbox"/> NORTHWEST  | <input type="checkbox"/> SOUTHWEST |  |  |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.<br><i>AIRCRAFT ABOVE</i>  |                                    |  |  |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.  |                                    |  |  |
| HOW MUCH OTHER TRAFFIC WAS THERE?<br><i>Light</i>   |                                    |  |  |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.   |                                    |  |  |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT?  |                                    |  |  |
| LENGTH OF TIME  | <i>2 min</i>                       | <input checked="" type="checkbox"/> CERTAIN OF TIME  | <input type="checkbox"/> NOT VERY SURE |
|   |                                    | <input type="checkbox"/> FAIRLY CERTAIN  | <input type="checkbox"/> JUST A GUESS  |
| HOW WAS TIME DETERMINED?<br><i>clock in store window</i>  |                                    |  |  |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.<br><i>A wavy line out of sight</i> |                                    |  |  |



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



football with  
wing as shown.

16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

half of object



| 13.                             | DID THE PHENOMENON  | YES | NO | UNKNOWN |
|---------------------------------|---------------------|-----|----|---------|
| MOVE IN A STRAIGHT LINE?        |                     |     | X  |         |
| STAND STILL AT ANYTIME?         | Twice 30 sec approx | X   |    |         |
| SUDDENLY SPEED UP AND RUN AWAY? |                     | X   |    |         |
| BREAK UP IN PARTS AND EXPLODE?  |                     |     | X  |         |
| CHANGE COLOR?                   | Red to white        | X   |    |         |
| GIVE OFF SMOKE?                 |                     |     | X  |         |
| CHANGE BRIGHTNESS?              |                     |     | X  |         |
| CHANGE SHAPE?                   |                     |     | X  |         |
| FLASH OR FLICKER?               |                     |     | X  |         |
| DISAPPEAR AND REAPPEAR?         |                     |     | X  |         |
| SPIN LIKE A TOP?                |                     |     | X  |         |
| MAKE A NOISE?                   | HUMMED              | X   |    |         |
| FLUTTER OR WOBBLE?              |                     |     | X  |         |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

Looking for one they saw  
Previously  
Same as before.

A. HOW DID IT FINALLY DISAPPEAR?


out like a lamp

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?

☒ YES ☐ NO. IF "YES," DESCRIBE.

Bldg School bldg



|  |  |
|--|--|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.   |  |
| <input checked="" type="checkbox"/> EYEGLASSES   | <input checked="" type="checkbox"/> CAMERA VIEWER  |
| <input type="checkbox"/> SUNGLASSES  | <input type="checkbox"/> BINOCULARS  |
| <input type="checkbox"/> WINDSHIELD  | <input type="checkbox"/> TELESCOPE   |
| <input type="checkbox"/> SIDE WINDOW OF VEHICLE  | <input type="checkbox"/> THEODOLITE  |
| <input type="checkbox"/> WINDOWPANE  | <input type="checkbox"/> OTHER   |
| A. DO YOU ORDINARILY WEAR GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   | B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO                  |
| 18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>25 MPH</u>  | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>2000 ft</u> |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW. |  |
|  <span style="font-size: 2em; vertical-align: middle;">football</span>   |  |
| 21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE.  |  |
| <p>Humming</p>   |  |
| A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.  |  |



22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☒ YES ☐ NO. IF "YES," GIVE DATE AND LOCATION.

Every day Since 24 July 68 SAME PLACE

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO? ☒ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES

1. [REDACTED] AGE 15  
2. [REDACTED] AGE 14  
3. [REDACTED] AGE 14  
4. [REDACTED] AGE 14  
5. [REDACTED] AGE 14

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State, Zip)

TELEPHONE

AGE

15

☒ MALE

☐ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

3rd S.

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME \_\_\_\_\_ DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_



## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 11-R258

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY JULY 24 - MONTH AUGUST YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 9:00 - MINUTES 00 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 10:15 - MINUTES 15 ☐ A.M. ☒ P.M.

4. TIME ZONE

☒ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

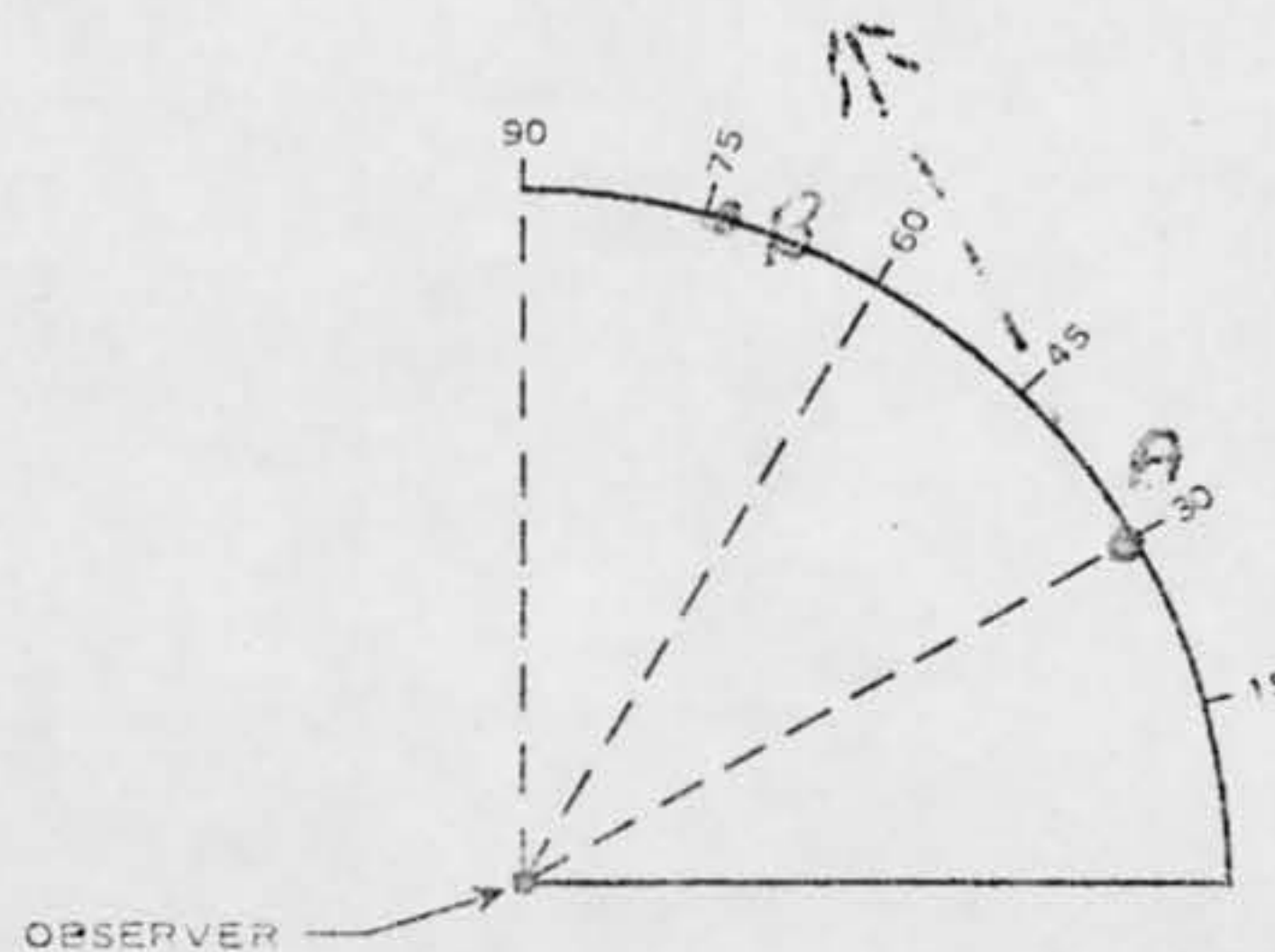
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

84 ← OBJECT



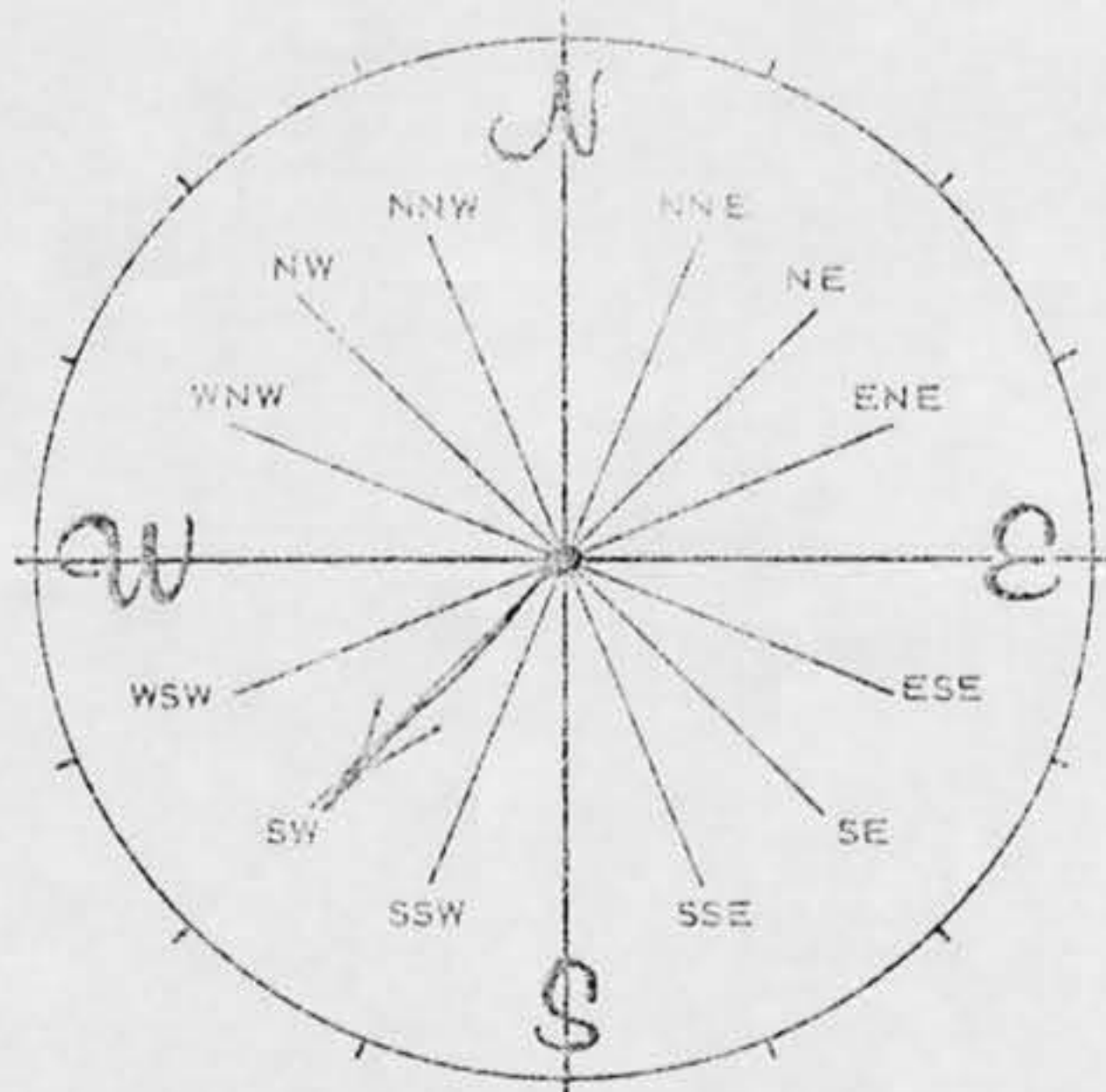
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6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.

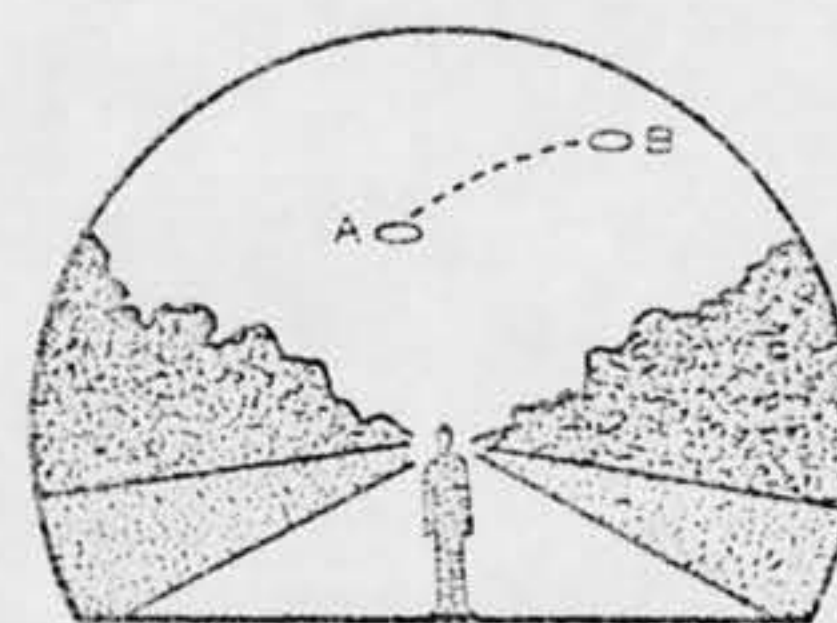
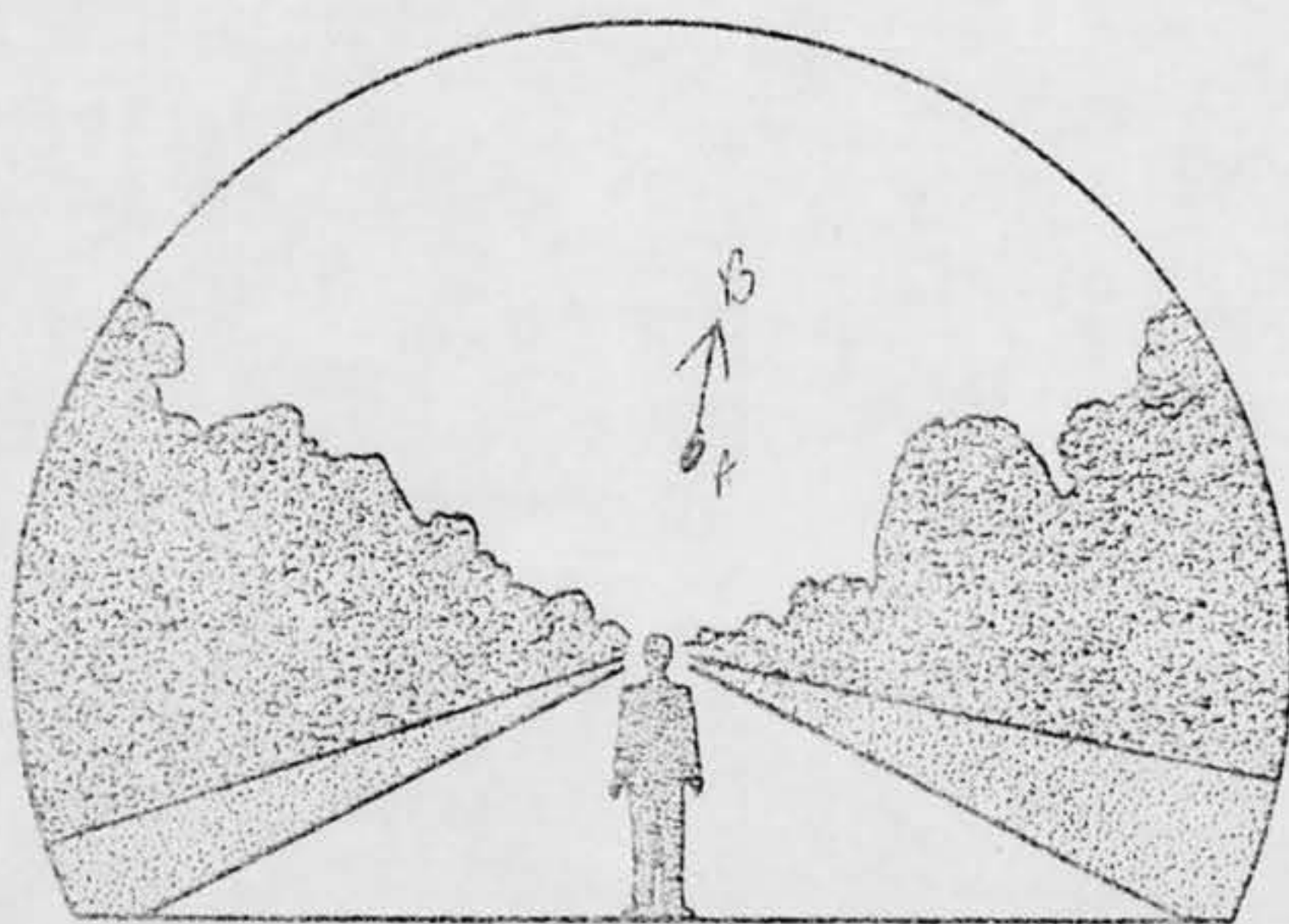




6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R258

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 16 MONTH AUG YEAR 68

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 2000 MINUTES 300 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 2000 MINUTES 25 ☐ A.M. ☒ P.M.

4. TIME ZONE

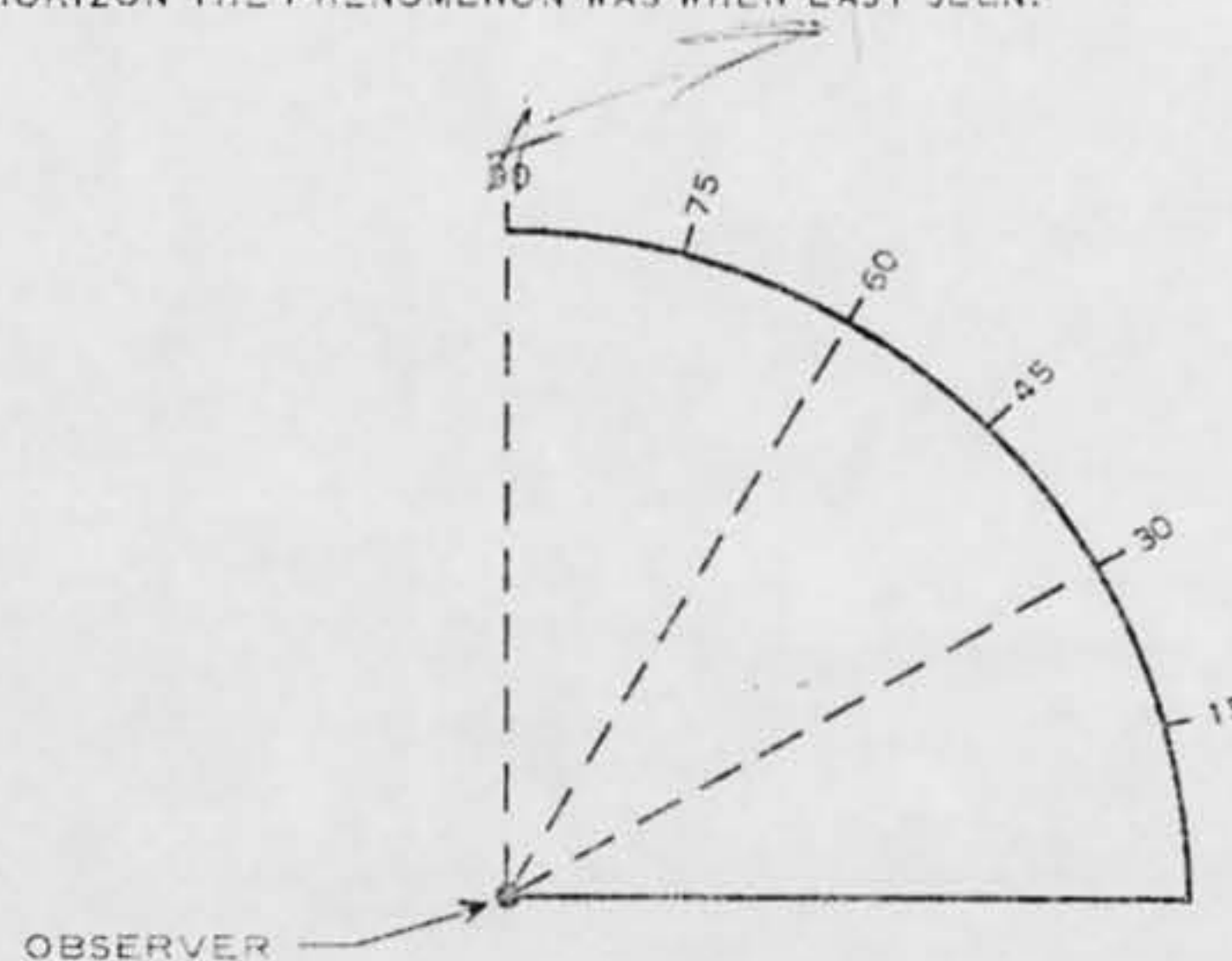
☐ DAYLIGHT SAVINGS☐ STANDARD☒ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

46 ST BETWEEN 7th &amp; 8th



6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.





10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

ONE

11. CONDITIONS (Check appropriate blocks.)

| A. SKY  |  | B. WEATHER   |  |
|---|--|--|--|
| <input type="checkbox"/> DAY                      |  | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)                 | <input type="checkbox"/> FOG OR MIST           |
| <input type="checkbox"/> TWILIGHT                 |  | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone) | <input type="checkbox"/> HEAVY RAIN            |
| <input checked="" type="checkbox"/> NIGHT         |  | <input type="checkbox"/> NIMBUS CLOUDS (Rain)                        | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE |
| <input type="checkbox"/> CLEAR                    |  | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)         | <input type="checkbox"/> HAIL                  |
| <input checked="" type="checkbox"/> PARTLY CLOUDY |  | <input type="checkbox"/> HAZE OR SMOG                                | <input type="checkbox"/> SNOW OR SLEET         |
| <input type="checkbox"/> COMPLETELY OVERCAST      |  |  | <input type="checkbox"/> UNKNOWN               |
|   |  |  | <input type="checkbox"/> NONE OF THE ABOVE     |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS                                | (2) MOON  |
|--|---|
| <input checked="" type="checkbox"/> NONE | <input type="checkbox"/> BRIGHT MOONLIGHT         |
| <input type="checkbox"/> A FEW           | <input type="checkbox"/> MOON WITH HALO           |
| <input type="checkbox"/> MANY            | <input checked="" type="checkbox"/> NO MOONLIGHT  |
| <input type="checkbox"/> UNKNOWN         | <input type="checkbox"/> MOON HIDDEN BY CLOUDS    |
|  | <input type="checkbox"/> PARTIAL (New or quarter) |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

|  |  |   |
|--|--|---|
| <input type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU  | <input type="checkbox"/> TO YOUR LEFT  | <input type="checkbox"/> UNKNOWN              |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

Street light Behind

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

☐ 4wht  
1 red.  
light



|  |                                    |  |  |
|--|------------------------------------|--|--|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)   |                                    |  |  |
| <input checked="" type="checkbox"/> OUTDOORS   |                                    | <input type="checkbox"/> IN BUSINESS SECTION OF CITY   |  |
| <input type="checkbox"/> IN BUILDING   |                                    | <input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY   |  |
| <input type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER   |                                    | <input type="checkbox"/> IN OPEN COUNTRYSIDE   |  |
| <input type="checkbox"/> IN BOAT   |                                    | <input type="checkbox"/> NEAR AIRFIELD   |  |
| <input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER   |                                    | <input type="checkbox"/> FLYING OVER CITY  |  |
| <input type="checkbox"/> OTHER   |                                    | <input type="checkbox"/> FLYING OVER OPEN COUNTRY  |  |
|  |                                    | <input type="checkbox"/> OTHER   |  |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:   |                                    |  |  |
| WHAT DIRECTION WERE YOU MOVING?  |                                    | HOW FAST WERE YOU MOVING?  |  |
| <input type="checkbox"/> NORTH   | <input type="checkbox"/> EAST      | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| <input type="checkbox"/> SOUTH   | <input type="checkbox"/> WEST      |  |  |
| <input type="checkbox"/> NORTHEAST   | <input type="checkbox"/> SOUTHEAST |  |  |
| <input type="checkbox"/> NORTHWEST   | <input type="checkbox"/> SOUTHWEST |  |  |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.  |                                    |  |  |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.   |                                    |  |  |
| HOW MUCH OTHER TRAFFIC WAS THERE?<br><i>high</i>   |                                    |  |  |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.   |                                    |  |  |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT?   |                                    |  |  |
| LENGTH OF TIME   |                                    | CERTAIN OF TIME  | NOT VERY SURE                                    |
| <i>5 MIN OR 10 MIN</i>   |                                    | FAIRLY CERTAIN   | <input checked="" type="checkbox"/> JUST A GUESS |
| HOW WAS TIME DETERMINED?<br><i>WATCH</i>   |                                    |  |  |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.<br><i>Then vanished</i> |                                    |  |  |



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.

16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.



| 13 | DID THE PHENOMENON              | YES                                 | NO                                  | UNKNOWN |
|----|---------------------------------|-------------------------------------|-------------------------------------|---------|
|    | MOVE IN A STRAIGHT LINE?        | <input checked="" type="checkbox"/> |                                     |         |
|    | STAND STILL AT ANYTIME?         | <input checked="" type="checkbox"/> |                                     |         |
|    | SUDDENLY SPEED UP AND RUN AWAY? |                                     | <input checked="" type="checkbox"/> |         |
|    | BREAK UP IN PARTS AND EXPLODE?  |                                     | <input checked="" type="checkbox"/> |         |
|    | CHANGE COLOR?                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |         |
|    | GIVE OFF SMOKE?                 |                                     | <input checked="" type="checkbox"/> |         |
|    | CHANGE BRIGHTNESS?              |                                     | <input checked="" type="checkbox"/> |         |
|    | CHANGE SHAPE?                   |                                     | <input checked="" type="checkbox"/> |         |
|    | FLASH OR FLICKER?               |                                     | <input checked="" type="checkbox"/> |         |
|    | DISAPPEAR AND REAPPEAR?         |                                     | <input checked="" type="checkbox"/> |         |
|    | SPIN LIKE A TOP?                |                                     | <input checked="" type="checkbox"/> |         |
|    | MAKE A NOISE?                   |                                     | <input checked="" type="checkbox"/> |         |
|    | FLUTTER OR WOBBLE?              |                                     | <input checked="" type="checkbox"/> |         |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

Club looks for them

A. HOW DID IT FINALLY DISAPPEAR?

faded

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?

☐ YES ☐ NO. IF "YES," DESCRIBE.



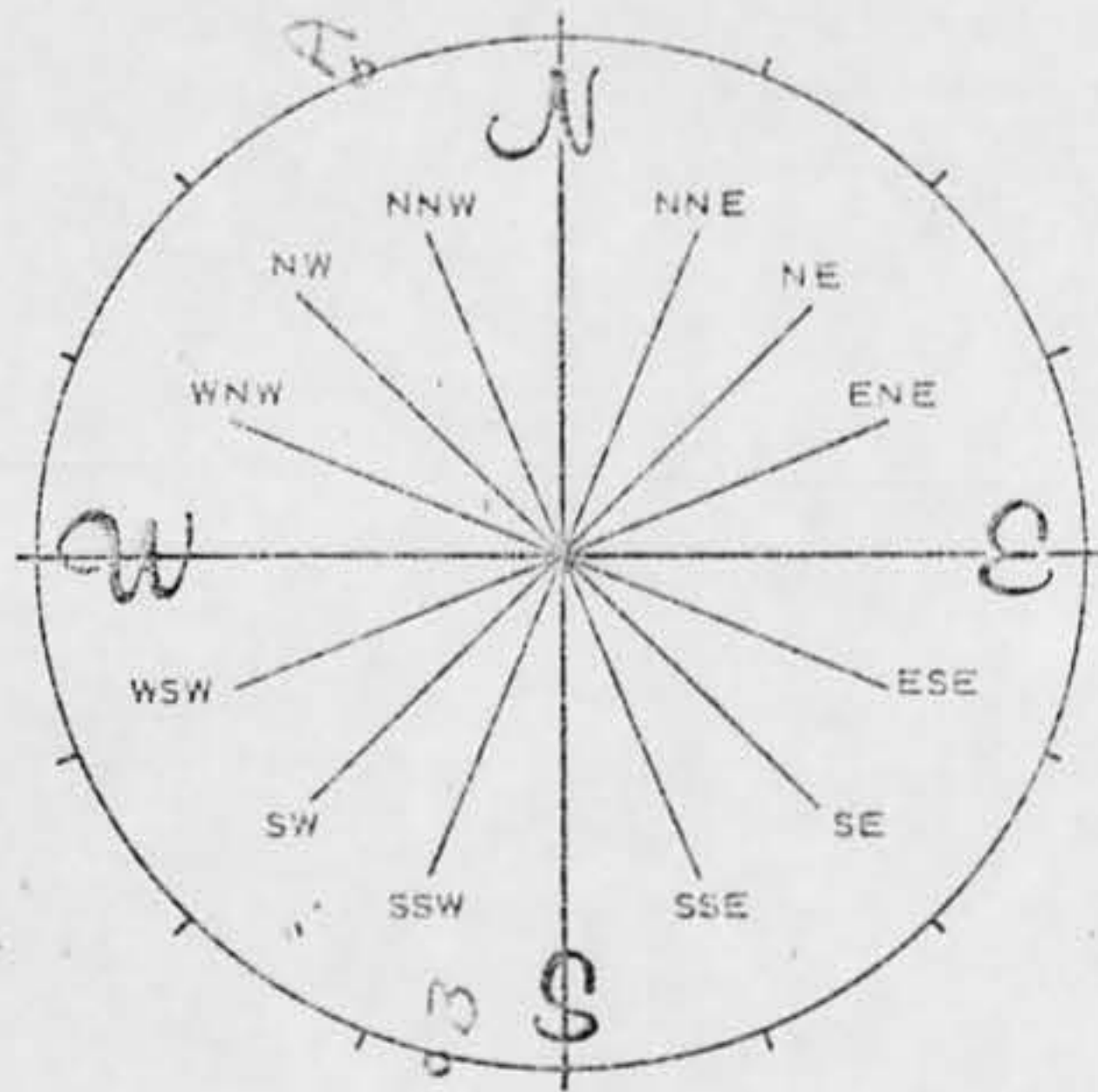
|  |   |
|--|---|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.   |   |
| EYEGASSES  | CAMERA VIEWER   |
| SUNGLASSES   | BINOCULARS  |
| WINDSHIELD   | TELESCOPE   |
| SIDE WINDOW OF VEHICLE   | THEODOLITE  |
| WINDOWPANE   | OTHER   |
| A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO  | B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO         |
| 18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED _____  | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE _____ |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW. |   |
| 21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE.   |   |
| A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE.   |   |



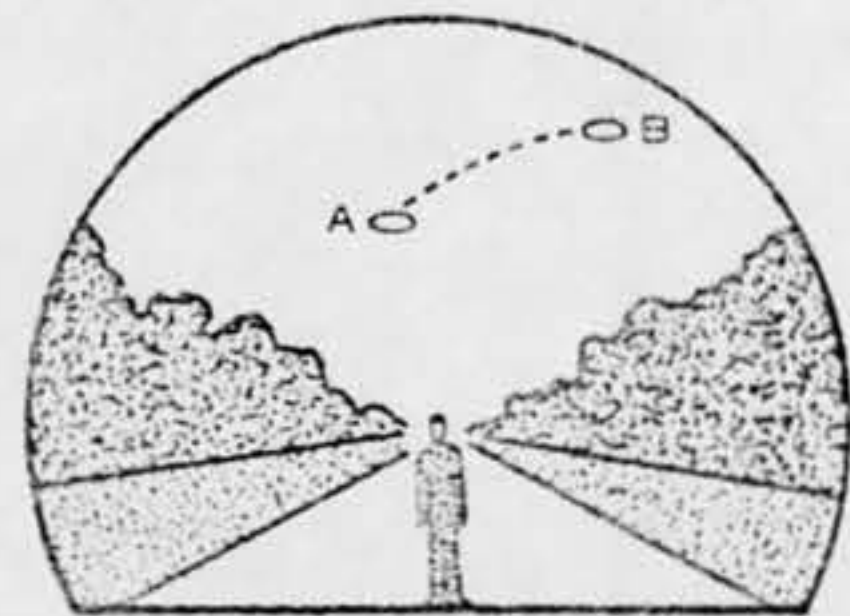
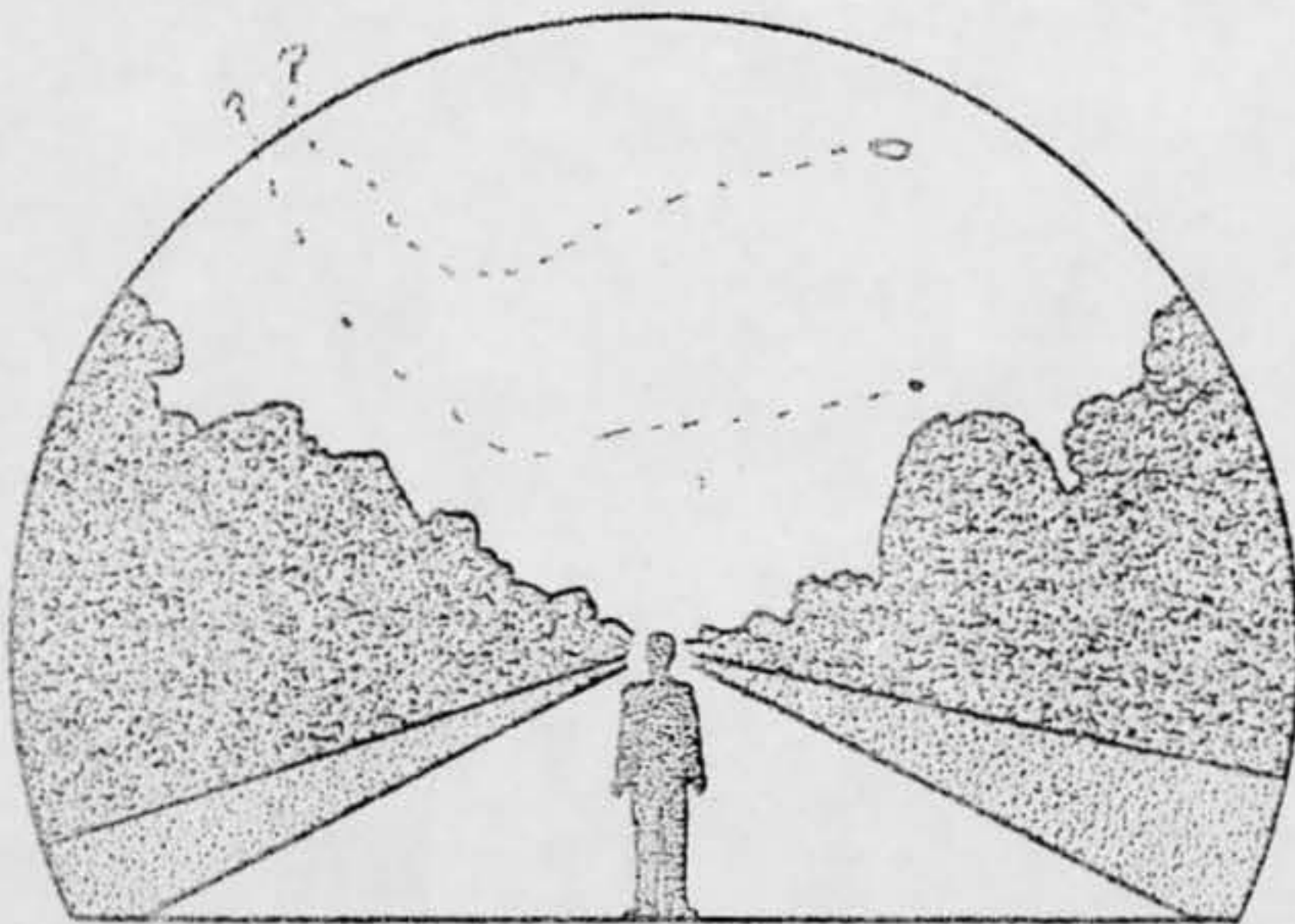
|   |           |  |                                 |
|---|-----------|--|---------------------------------|
| 22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," GIVE DATE AND LOCATION.   |           |  |                                 |
| 23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DID THEY SEE IT TOO?<br><input type="checkbox"/> YES <input type="checkbox"/> NO. |           |  |                                 |
| A. LIST THEIR NAMES AND ADDRESSES   |           |  |                                 |
| 24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF   |           |  |                                 |
| LAST NAME, FIRST NAME, MIDDLE NAME<br>[REDACTED]  |           |  |                                 |
| ADDRESS (Street, City, State and Zip Code)<br>[REDACTED]  |           |  |                                 |
| TELEPHONE<br>[REDACTED]   | AGE<br>12 | <input checked="" type="checkbox"/> MALE | <input type="checkbox"/> FEMALE |
| INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.   |           |  |                                 |
|   |           |  |                                 |
| 25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?   |           |  |                                 |
| NAME _____ DAY _____ MONTH _____ YEAR _____   |           |  |                                 |
| 26. DATE YOU COMPLETED THIS QUESTIONNAIRE.  |           |  |                                 |
| DAY _____ MONTH _____ YEAR _____  |           |  |                                 |



6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R253

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

July 25 - August 5  
DAY MONTH YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

9:00 - 7 July - 25  
HOUR MINUTES ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

10:00 - August 5  
HOUR MINUTES ☐ A.M. ☒ P.M.

4. TIME ZONE

☒ DAYLIGHT SAVINGS☐ STANDARD☒ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

~~██████████~~ AVE Brooklyn, NY 11220

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.

